

**A BETTER CHANCE OF ANDOVER**  
**WAIVER OF LIABILITY AND HOLD HARMLESS FOR COVID-19**  
**FOR SCHOLARS/PARENTS**

Scholar Name: \_\_\_\_\_

Scholar Mobile Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Parent/ Guardian Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

The novel coronavirus (“COVID-19”) has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. While rules, guidance, and personal discipline may reduce the spread of COVID-19, a risk of serious illness and death still exists. **A Better Chance of Andover (“ABC”) cannot completely mitigate the risk of transfer of COVID-19 for Scholars participating in its residential study program or their families, as there is no known vaccine for COVID-19. Participation in this program includes possible exposure to and illness, injury, or death resulting from or related to COVID-19.**

Having been so cautioned and warned of the foregoing risk, I still choose to have my child participate in ABC’s program. In consideration for providing my child the opportunity to participate in ABC’s program and any related activities, both my child and I voluntarily agree to waive and discharge any and all claims against ABC and release it from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of ABC or its employees or agents, to the fullest extent allowed by law, for myself, my child, other household family members, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless ABC’s Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my child’s participation in ABC’s residential study program.

In the event that my child develops symptoms consistent with COVID-19, I agree that I will immediately pick her up (or otherwise arrange transportation) from the ABC dormitory or Andover High School upon request by ABC or school officials. I also agree that I will promptly pick my child up from ABC or Andover High School for any other reason upon request. I further

understand that ABC reserves the right to suspend or cancel its programs in whole or in part due to changes in conditions, including but not limited to governmental orders or the closure of Andover High School. In such an event, I stipulate and agree that ABC has no responsibility to reimburse to me any fees or costs that I may have incurred with respect to my child's participation in ABC's programs.

I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.

**I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in the ABC program, the above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release ABC from all liability for any loss regardless of cause, and claims arising from or related to COVID-19.**

---

Scholar Signature

---

Date

---

Parent/Legal Guardian Signature

---

Date