

# **“Inherent Risk of Exposure”**

By signing below, you are acknowledging that an inherent risk of exposure to Covid-19 is in any public or private place where people are present.

By entering Scalliwags, your family and children voluntarily assume all risks related to exposure to COVID-19. You are agreeing not hold Scalliwags and staff liable for any illness or injury.

**Name of child** \_\_\_\_\_

**\*\*PLEASE SIGN below\*\***

Name of parent \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_