

APPENDIX A
SAINT SIMONS CHRISTIAN SCHOOL
HEALTHY ONLY CAMPUS
DAILY HEALTH SCREENING AGREEMENT AND WAIVER AND INDEMNITY AGREEMENT

Saint Simons Christian School (SSCS, the school) is hereby providing notice to me that it intends to reopen its school program on Thursday, August 13, 2020 with in-person attendance by both teachers, staff and students. I/We understand that SSCS cannot completely protect my child/student and/or me from every risk which may be encountered as a result of my child attending the school and/or participating in any school-sponsored program. I/We realize there are risks inherent with natural, mechanical, and environmental conditions and hazards which independently or in combination with any activities engaged in while participating in this educational program, but the faculty and staff at SSCS have done their best to ensure the health and safety of persons on their campus.

In Consideration for being permitted to utilize the services, classrooms, teachers, and programs of SSCS and/or for my children to participate for any purposes in such, or participates in any off-site programs, affiliated with SSCS, the undersigned, on behalf of himself, herself and such participating children and any personal representatives or assigns, (the undersigned) hereby acknowledges, agrees, and represents that he or she has inspected and carefully considered these such activities and premises, equipment, facilities, and other reasonably connected property of SSCS and/or its faculty or staff and that the undersigned finds and accepts the same as being safe and suited for the use and participation by the undersigned and such participating children.

In addition, the undersigned acknowledges that the novel coronavirus, (aka Covid-19, "Covid") infections have been confirmed throughout the county of Glynn, the state of Georgia, and the United States of America. The undersigned agrees to check the CDC travel health notices and the State of Georgia when travelling abroad. The following shall also be agreed to by the undersigned:

I/We agree to abide by the Healthy Only campus framework and acknowledge the following:

- **Before** coming to campus, I/we agree to self-screen for any symptoms (see Appendix B for a full list of symptoms).
 - Prayer: Daily, each SSCS parent, student, volunteer, or staff member agrees to pray and seek God about his or her health and to use wisdom in the decisions they make about attendance.
 - Communicating Health Status: If staff or students are not feeling healthy, they agree to let the appropriate staff member know of their health status as soon as possible and agree to stay at home until the school clears the staff or student to return. Any student remaining home with COVID-19 and/or symptoms may participate in distance learning as their health permits.
- Only non-symptomatic and fever-free persons will be allowed to enter the campus.
- Health screening, including temperature, of all persons will be assessed before entering the building. Any student or staff member displaying symptoms (Appendix B) will be directed to leave campus immediately and self-quarantine for no less than 14 days with

no symptoms appearing OR present documentation of a negative COVID-19 test.

- Any person who has traveled out of the country or to a COVID-19 “hot-spot” will communicate this travel to the school and, upon return, will self-quarantine for no less than 14 days with no symptoms appearing (Appendix B).
- Any person entering the campus who exhibits a temperature above 99.9 will be directed to leave campus immediately and self quarantine for no less than 14 days with no symptoms appearing (Appendix B) OR present documentation of a negative COVID-19 test.
- During the school day, students presenting with COVID-19 symptoms (Appendix B) will be isolated until parents arrive. Parents will be required to pick up the student immediately and follow the early check-out process.
- COVID-19 Positive: A student//staff member who receives a laboratory confirmed COVID-19 positive test can return to campus once they can answer YES to all the following questions:
 - Has it been at least 14 days since the individual first had symptoms?
 - Has it been at least 3 days since the individual had a temperature of 100.0+ (without using fever-reducing medicine)?
 - Has it been at least 3 days since the individual’s symptoms have resolved

including cough and/or shortness of breath?

- Attendance: Absences due to health screening restrictions will not be counted as school day absences. We will maximize the use of distance learning and will work with families and staff members to help us ensure a Healthy Only campus framework. Note: the days of “grin and bear it” or “power through” are over. We can only provide a healthy campus if everyone agrees to work with us. The Good Attendance Award will not be awarded this year.
- Communication of Health Information: I/We understand that if a student or staff member has a laboratory confirmed COVID-19 positive test, we need to inform the school within 12 hours of said test results. I/We understand that in order to keep a Healthy Only Campus, the school must then release that information to the appropriate classes without individual identification for the sole purpose of limiting exposure to other children and staff members.

I/We hereby state that I/We, on behalf of myself/ourselves and child/student am an adult, over the age of 18, and legally competent to sign this form. I/We understand these inherent risks and dangers involved with participation in the school and providing their services. I/We acknowledge the existence of risks which are not obvious or predictable, and hereby intend to release, waive, acknowledge and covenant not to sue SSCS, to extend to injury or loss which results from both obvious or predictable risks or risks inherent in active understanding by us of the changing guidelines from the State of Georgia and the CDC, as well as risks that are unpredictable and not obvious and to extend to myself, the undersigned, and my child/student(s), as applicable.

I/We hereby agree not to enter the campus of SSCS nor permit my/our child/student to enter the campus of SSCS if I/they are feeling poorly, have any symptoms (see Appendix B), have a temperature of 100.0+, or have received a positive COVID-19 laboratory test.

In consideration of myself and my child/student(s), I/we, and any legal representatives, heirs and assigns, hereby release, waive, and discharge and covenant not to sue Saint Simons Christian School, its officers, directors, employees, board members, agents, and representatives from all liability for any loss or damage, and any claim or damages resulting therefrom, whether caused by the negligence active or passive, or otherwise while myself, the undersigned, and/or my student(s) are involved in these such activities and on the premises, equipment, facilities, and other reasonably connected property of SSCS and/or its faculty or staff on site or off site, on account of any injury, illness or exposure to and/or contracting the coronavirus (COVID-19) or other biological agents, virus or similar bacteriological agent by me, the undersigned or my child/student(s) attendance at and participation in the preschool and/or afterschool program, including any medical expenses, injury and/or death.

I agree to indemnify Saint Simons Christian School, its officers, directors, employees, board members, agents, and representatives from any loss, liability, damage, or cost that may be incurred due to my child/student participation in the aforementioned program, whether caused by the negligence of SSCS or otherwise. I/We fully understand, on my behalf, and behalf of my child/student the risks associated with the aforementioned participation and assume any risk associated therewith.

This notice, release and indemnity agreement contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital. Any other other statements or agreements by any representative of SSCC is superseded by this agreement.

The parties to this agreement hereby agree that the interpretation and enforceability of this Release shall be governed by the laws of the State of Georgia.

I/We expressly agree that this release, waiver, and indemnity agreement is intended to be used as broad and inclusive as permitted by applicable laws and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I/We understand that by signing this agreement, I/We are giving up on behalf of my child/student and myself certain legal rights and remedies including the right for my child/student and/or myself to recover damages in the event of death, personal and/or bodily injury of any kind, property loss or damage, expenses of any nature whatsoever including attorney fees, and other losses that my student(s) or that I may sustain in association with my child/student participation in the program.

I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS ASSUMPTION OF THE RISK, RELEASE, AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM RELINQUISHING MY LEGAL RIGHTS TO SUE OR RECOVER DAMAGES OR LOSS OF ANY KIND BECAUSE OF ILLNESS, INJURY, OR DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR

THE AVOIDANCE OF DOUBT WITHOUT LIMITATION, EXPOSURE TO COVID AT ANY SSCS FACILITY OR PROGRAM ON SITE OR OFF SITE. I UNDERSTAND THAT THIS AGREEMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS AND APPLIES TO MYSELF, THE UNDERSIGNED, AS DEFINED HEREIN, AND SUCH CHILDREN/STUDENTS OF MINE AS IS APPLICABLE.

Note: Signatures required for all SSCS faculty, parents, volunteers, guests, and students (Grade K4 and above) before entrance onto campus is permitted:

THEREOF. I SIGN THIS RELEASE VOLUNTARILY AS MY FREE ACT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, INTENDING TO BE LEGALLY BOUND THEREBY.

Signature: _____

Printed Name: _____

Date: _____

Sworn to and subscribed before

me this ____ day of _____, 2020.

Notary Public (SEAL)

_____ Personally Known _____ Produced Identification

Type and # of ID _____

APPENDIX B

SYMPTOMS AND SCREENING QUESTIONS

Answer the following three questions below prior to admittance on campus.

1. Have you experienced any of the following symptoms in the past 48 hours:

- fever (100.0+)
- chills
- cough (newly developed, not allergy-based)
- shortness of breath or difficulty breathing (not asthma-related)
- fatigue, muscle or body aches (newly developed, non-exercise related)
- headache (newly developed, not migraine or sinus-related)
- new loss of taste or smell
- sore throat
- congestion or runny nose (not allergy-related)
- nausea or vomiting (non-pregnancy related)
- diarrhea
- new confusion
- inability to stay awake

2. Within the past 14 days, has a public health official or medical professional told you to self-isolate, or self-quarantine because of concerns about COVID-19 infection? This includes if you are waiting on the results of a COVID-19 test that was recommended by a medical professional.

If you answered Yes to ANY of the above, do not enter SCS campus.