**Work Based Learning Waiver and Release Relating to COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious. The state of medical knowledge is evolving, but the virus is thought to spread mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, or speaks. These droplets land on the mouths and noses of people who are nearby, or can be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet). In addition, people may be infected with the virus, but may not show any symptoms, therefore inadvertently spreading the virus. There is no known treatment, cure, or vaccine for COVID-19. **Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.**

**Central Vermont Career Center cannot prevent your child, or potentially you, from becoming exposed to, contracting, or spreading COVID-19 while at a Work Based Learning (“WBL”) program. It is not possible for us to eliminate or even control exposure to the disease outside of school. Therefore, if your child chooses to participate in a WBL program, they may be exposed to and/or have an increased risk of contracting or spreading COVID-19.**

**Warranties: By signing below, I hereby represent and warrant that I have:**

1. reviewed the “Work Based Learning Protocols” provided to me with my child;
2. understand and agree to have my child abide by those protocols;
3. obtained a copy of the WBL program’s COVID-19 Health Plan (*provided by the employer*);
4. understand and agree to have my child abide by the WBL program’s COVID-19 Health Plan;
5. had my child review and complete VOSHA’s training on Mandatory Health and Safety Requirements (*prior to the first day of school*); and
6. provided a copy of my child’s certificate of completion to **Central Vermont Career Center.**

**Assumption of Risk: I have read and understood the above warning concerning COVID-19.** I hereby choose to accept the risk of contracting COVID-19 for myself and/or my child in order to participate in the WBL program taking place at **Central Vermont Career Center, 151 Ayers Street, Barre Vermont.** Having my child participate in a WBL program is of such value to me and/or my child that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to have my child participate in the WBL program taking place at [Insert Name of company here ], in person rather than arranging for an alterative method of participating at the WBL program virtually (e.g., via videoconference and/or remote work).

**WAIVER OF LIABILITY:I hereby forever release and waive my right to bring suit against Central Vermont Career Center and its officers, directors, managers, officials, trustees, agents, administrators, employees or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to my child’s participation in the WBL program taking place [**Insert Name of company here **].** I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease, property losses, or any other losses, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

**I have carefully read and fully understand all provisions of this release, and freely and knowingly assume the risk and waive my rights concerning liability as described above:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Work Based Learning Waiver and Release Relating to COVID-19.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_