

HOLD HARMLESS AGREEMENT

Student Information:

Date: _____

Parent Name: _____ (legal guardian of) Student Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

THIS AGREEMENT (“Agreement”) is made and entered into by and between: 1) the undersigned party, identified above under “Student Information” (“Student”); and 2) HUNDRED ACRE ACADEMY LLC (“Academy”)

STUDENT AND THE ACADEMY HEREBY AGREE AS FOLLOWS:

AGREEMENT

Reliance. Student acknowledges and agrees that execution of this Agreement is necessary to induce Academy to provide tutoring services for Student and to allow Student to enter into the private tutoring facility of Academy, located at 615 N. 1st Avenue Stayton, Oregon 97383. Academy is relying on Student’s consent to all terms of this Agreement and, without execution of this Agreement by Student, would not allow such activity.

Assumption of Liability. Student accepts all risk and assumes all responsibility and liability arising out of or in any way associated with Student’s entry into the Academy facility and/or as a result of Student’s participation in Academy activities occurring on or off the premises of the tutoring facility. Academy shall not be liable for any damage or injury of or to Student. Student assumes all risk for exposure to infectious disease, including but not limited to Sars Covid 19, and Academy shall not be liable for any resulting illness.

Indemnification. Student is responsible for any damages and other costs that may result from their own actions or inactions, and will at its sole expense, defend, indemnify, and hold harmless Academy and its owners from and against any and all allegations, demands, claims, damages, penalties, costs, or other liability of any nature whatsoever (including attorneys’ fees), caused by, arising out of, resulting from, or occurring in whole or in part in connection with Student’s participation in the home school cooperative learning pod on Academy premises.

By signing below, Student declares that this Agreement constitutes a valid and binding obligation of Student.

STUDENT: _____

Parent Signature: _____:

Date:

Mask Policy Disclosure:

Hundred Acre Academy LLC provides private and small group tutoring services to students in grades kindergarten through fifth. The facility is private, only open to Academy students.

The Hundred Acre Academy is committed to coming alongside parents in careful stewardship of the unique and profound role they have been given in the lives of their children, affirming that they know their child best and are the best qualified to make decisions as to their health and well being.

To this end, masks are optional and their usage left to the full discretion of individual parents.

By signing this acknowledgement, you affirm that you understand your child will be attending tutoring in an environment where masks are not required, and that your child may be receiving instruction/learning in close proximity to students who are not wearing one. Your signature acknowledges and assumes all risk of potential exposure to infectious disease.

Student Name: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Wellness Policy & Covid-19 Safety Protocols:

The Hundred Acre Academy (“Academy”) provides private and small group tutoring services to students in grades kindergarten through 5th. The Academy cannot guarantee a zero risk environment for your children. Carefully weighing the risk is an important role and responsibility of each family considering participation in the Academy. With that understanding, reasonable safety precautions will be taken to prevent the spread of disease. They are as follows:

- Students will be screened for visible symptoms of illness before entering the tutoring facility each morning. These symptoms include, but are not limited to:
 - Temperature in excess of 100.4 degrees
 - Sore throat, constant cough or croup
 - Colored mucous (runny nose that is not clear)

- In addition, students should not attend the learning pod cooperative if they have:
 - Lice, including the presence of eggs or nits
 - Diarrhea or Vomiting, currently or within the last 48 hours no matter the cause (medication, allergy, etc.)
 - Common cold (onset through one week)
 - Any unexplained rash
 - Any skin infections: boils, ringworms, impetigo, or any open sores
 - Pink eye or other infection/mucous or redness of the eye

If your child has any of these symptoms, your child will not be permitted to enter the classroom. **Children must have been free of symptoms without medication for the last 48 hours.** If taking antibiotics, all children must have the antibiotic in his or her system for at least 24 hours before entering the classroom space.

As we navigate this unique and challenging season together, I ask that you be good stewards of our learning community and act in good faith; please do not send your child to the Academy with symptoms you wouldn't want to see another child walk through the door with.

- **If there is a confirmed, isolated case of Covid-19**, I will immediately notify parents and allow you to make the best decision for your child moving forward.

Response to a significant occurrence of disease in our learning community will involve an appropriate response, unique to the situation and nature of the concern. Actions could include, but are not limited to:

- Proof of negative (at home, or clinical) Covid-19 test prior to classroom attendance.
- Schedule modification
- Class cancellation

If there is a confirmed case of Covid-19 in **your** household, I ask that you let me know and that we can discuss what steps may be appropriate

By signing below, you acknowledge that you have read and understand these protocols.

Student Name: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____