

## **PARENT / GUARDIAN INDEMNITY FORM**

As a parent / guardian of (Name of the student)\_\_\_\_\_ Class \_\_\_\_\_Section \_\_\_\_\_ Roll No\_\_\_\_\_ of Salwan Public School (the "School")RN/MV (as applicable), I agree that:

1. I understand the risks associated with COVID 19 and understand the manner in which the virus spreads.
2. I am aware of, and understand, the policies set out by the Government of India, Ministry of Health & Family Welfare, Directorate General of Health Services and Government of National Capital Territory of Delhi, Directorate of Education that the School has implemented in order to minimize the risk of transmission of COVID 19.
3. Given the nature of the COVID 19 virus I know and understand the risks associated with sending my child to the School. I voluntarily accept these risks and agree that I cannot hold the School or its staff liable for the transmission of, or any outbreak of, the virus at Salwan Public School. I voluntarily indemnify and waive all right to institute any claim of any kind against the School or its staff in this regard and in relation to COVID-19.
4. This document does not exclude or limit any liability that is not capable of exclusion or limitation by law.
5. I voluntarily agree and undertake that:
  - a. I and my son/ daughter, will adhere to all policies that the School has put in place with regard to COVID 19.
  - b. My son/ daughter will be kept at home if he/she shows any symptoms of COVID 19, or are otherwise sick. These symptoms include, but are not limited to, cough, fever, tiredness, sore throat, runny nose, shortness of breath, diarrhea, headache, loss of taste or smell, rash or chest pain.
  - c. I will inform the school immediately if my son/ daughter are sick or if anyone else in the household has been infected with COVID 19. In this event, our family will undertake to quarantine the entire family for 14 days.
  - d. Neither my son/daughter nor my any family member has come in contact with any COVID-19 patient in last 14 days.

6. In order to ensure the safety of all children and staff at the School, I will provide my son/ daughter with a mask and explain to him/her that the mask needs to be worn at all times when he/she is at the school premises.

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7. I confirm that before my son/ daughter returns to the School, I will teach my son/ daughter how to put the masks on and take them off and how to wear them properly. I acknowledge that:

a. My son/ daughter will be proficient in the use of their masks before coming to school.

b. My son/ daughter clothing and masks will be washed daily.

8. I will educate my son/ daughter about social distancing and its importance.

9. My contact details in emergency are as under:-

(a) Name: .....

(b) Mobile No (s): .....

(c) Relation to the student: .....

**I/WE DO HEREBY DECLARE AND CERTIFY THAT I/WE HAVE READ THIS DOCUMENT AND I/WE FULLY UNDERSTAND ITS CONTENTS. I AM / WE ARE AWARE THAT THIS IS AN INDEMNITY AND RELEASE OF LIABILITY AND I/WE SIGN IT OF MY/ OUR OWN FREE WILL.**

Signed at \_\_\_\_\_ on this day \_\_\_\_\_ of 2020.

(Signature)

Name of Parent / Guardian

Accepted by the School at \_\_\_\_\_ on this day \_\_\_\_\_ of 2020.

\_\_\_\_\_

Principal