



Dear Parent/Guardian:

Fontbonne, the Early College of Boston, will be opening in a Hybrid Model: a combination of In-Person and Remote Learning. As we prepare for the re-entry of our students, we will follow the guidance of the CDC and the Massachusetts Department of Education on protocols for health and safety. Our understanding of COVID-19 and its risks continues to evolve, but we know that with any in-person activity, including participation in in-person instruction and related activities at Fontbonne, there is a risk of participants contracting COVID-19. Based on state and federal guidelines, we have designed and implemented extensive protocols in an attempt to reduce the risks associated with COVID-19, but please understand that no action we take can eliminate these risks completely, and any participant in in-person activities must understand and accept the risks involved. As such, prior to participating in in-person activities at Fontbonne this school year, parents must review and agree to this Permission and Release Form:

1. I and the Student(s) listed below have reviewed and understand Fontbonne policies and guidelines regarding the novel coronavirus that causes the disease known as COVID-19. I and my Student are responsible for complying with these policies and guidelines and with up to date Centers for Disease Control and Prevention ("CDC") and Massachusetts Department of Public Health ("DPH") guidelines regarding COVID-19. I understand that these policies and guidelines may be updated from time to time, and I accept full responsibility for familiarizing myself with any such updates.
2. I attest that my Student is in good health and able to attend Fontbonne in person and participate in related in-person activities, and that to the best of my knowledge, no person in my Student's household has been diagnosed with, demonstrated any symptoms of, been exposed to, or been notified of exposure to COVID-19, within the past fourteen (14) calendar days. I acknowledge that by participating in in-person activities there is a risk of being exposed to COVID-19, that such exposure can occur either directly or indirectly regardless of any preventative measures implemented by Fontbonne, and that Fontbonne cannot guarantee that there will be no exposure to COVID-19. I agree that if any person residing in my Student's household begins to experience any symptoms of COVID-19 or is notified that they have been exposed to or infected with COVID-19, I will immediately notify Fontbonne and provide information



sufficient to allow Fontbonne and/or the appropriate local or state public health agency to identify any person(s) who may have been exposed.

3. I understand it is my responsibility as parent/guardian of a Fontbonne student to assess my Student every morning prior to school for COVID-19 symptoms including but not limited to fever, chills, difficulty breathing or shortness of breath, bluish lips or face, fatigue, loss of taste or smell, sore throat, congestion or runny nose, diarrhea, nausea, vomiting, headaches, body aches, or new confusion. If my Student has any of these symptoms, it is my responsibility to keep them home from school. I will also notify my pediatrician. I will keep my Student home until 48 hours of symptom free.

4. I understand that sending my Student to school during the 2020-2021 school year will involve a risk of exposure to and/or illness from an infectious disease regardless of the level of supervision and/or the observance of rules pertaining to health and safety guidelines. I acknowledge and agree that I am consenting to my Student's return to in person learning at Fontbonne with full knowledge of the dangers involved therewith. I expressly assume and accept any and all such risks with full knowledge that Fontbonne, the Sisters of St. Joseph of Boston, and all of their respective officials, members, agents, employees, servants, volunteers, vendors, affiliates, insurers, attorneys, representatives, subcontractors, successors, and assigns, and others for whom any one or more of the these parties may have legal responsibility (collectively, the "Released Parties") will not be liable for any such injury and/or damage. I understand that participation in in-person activities at Fontbonne is voluntary, and that the Released Parties would not agree to allow such participation without my execution of and agreement to this Permission and Release Form. I further understand that my or my Student's failure to agree to and/or comply with the terms of this Permission and Release Form will result in my child not being permitted to participate in in-person activities at Fontbonne.

5. On behalf of myself and my heirs, representatives, successors and assigns, I forever waive, release, discharge, indemnify, covenant not to sue, and hold harmless, including all legal fees and costs of defense, the Released Parties, jointly and severally, from and against any and all actions, claims, demands, causes of action, responsibility, and liability for injuries, losses, or damages of any kind



whatsoever, including without limitation exposure to and/or illness from any infectious disease and/or personal injury, bodily injury, property damage, to the Student, the Student's parent(s)/guardian(s), the Released Parties, or others, KNOWN or UNKNOWN, in LAW and/or EQUITY, which may have arisen in the past or may arise now or hereafter, before and/or after the Student reaches the age of majority, in any way, directly or indirectly, from the Student's participation in in-person activities at Fontbonne.

By signing below, I acknowledge and agree that I have had full opportunity to read and review this Permission and Release Form and to consult with counsel of my own choosing regarding its contents, and that I sign it voluntarily, freely, and knowingly, with complete understanding of its terms and conditions. I represent that I have full legal authority to execute this Permission and Release Form on behalf of myself, my family, and the Student, if a minor.

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Student Name(s)

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Signature of Parent/Guardian

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Date