****Breath of Life Preparatory Academy**

***Training Eaglets to Soar Pre-K2 – 2nd Grade***

Employee COVID-19 Waiver and Employment Agreements

**Employee Information:**

First Name:       Middle Name:       Last Name:

**Do you reside with any essential workers or healthcare professionals?** If yes, please elaborate

**COVID-19 Liability Waiver:**

**\*Please check the boxes below to indicate agreement, acknowledgement, and understanding.**

[ ]  I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

[ ]  I agree to inform BOLPA if I or someone in my household should become ill or display any symptoms related to COVID-19, including; cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

[ ]  I further acknowledge that Breath of Life Preparatory Academy has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

[ ]  I further acknowledge that Breath of Life Preparatory Academy cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, BOLPA’s Staff, and students and their families.

[ ]  I voluntarily seek employment at Breath of Life Preparatory Academy and acknowledge that I may be increasing my risk to exposure of the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread of COVID-19 while employed by BOLPA.

I attest that:
\* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
\* I have not traveled internationally within 14 days of July 6th.
\* I have not traveled to a highly impacted area within the United States of America within 14 days of July 6th.
\* I do not believe that I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
\* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
\* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.
I hereby release and agree to hold Breath of Life Preparatory Academy harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of BOLPA, or that may otherwise arise in any way in connection with any services received from BOLPA. I understand that this release discharges BOLPA from any liability or claim that I, my heirs, or any personal representatives may have against BOLPA with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Breath of Life Preparatory Academy. This liability waiver and release extends to BOLPA together with all owners, partners, and employees.

**I,** **understand that I may be temporarily laid off with or without pay if I or any of my household members display any symptoms of the coronavirus, as listed above. I,** **am in agreement with all information stated in the COVID-19 Liability Waiver above.**

**[ ] I understand that typing my name below constitutes an electronic signature.**

**Employee’s Full Name:       Date:**

**Employment Agreements**

**Please check the boxes below to indicate agreement and understanding.**

[ ]  **COVID-19:** I agree to comply with all new policies resulting from COVID-19 including; wearing a mask or other protective gear, work schedule changes, additional duties, and improved cleaning procedures.

[ ]  **ILLNESS:** I agree to immediately inform my supervisor if I, or a member of my household, is displaying symptoms of COVID-19. I will continue to follow physical distancing guidelines for my safety and for the safety of those around me. If I should become ill while at work, I will immediately inform my supervisor (or the individual following them in the chain of command) of my symptoms and ensure that my students are secure before leaving the premises.

[ ]  **INCLEMENT WEATHER, PANDEMICS/OUTBREAKS, OR OTHER DISASTERS:** I understand that it is the company’s intention to be open and provide childcare service every weekday of the year, excluding holidays, but that inclement weather, natural/national disasters, pandemics/disease outbreaks, or major building issues may disrupt service from time to time. I understand that I may be temporarily laid off with or without pay in the event that BOLPA is unable to be open.

**[ ]  I have read and understand all information in this document, and I have answered each field truthfully.**

**[ ]  I understand that typing my name below constitutes an electronic signature.**

**Employee’s Full Name:** **Date:**