

ELECTRONICS WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of Electronics use while participating in Virtual Learning (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Children's Center of Walkersville LLC, located at 35 E. Frederick St, Walkersville, MD 21793, their affiliates, managers, members, agents, attorneys, staff, volunteers, children in their care, heirs, representatives, predecessors, successors and assigns, for any property damage that I may incur as a direct result of my participation in the aforementioned Activity.

I agree to indemnify and hold harmless Children's Center of Walkersville LLC against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE CHILDREN'S CENTER OF WALKERSVILLE LLC AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, CHILDREN IN THEIR CARE, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST CHILDREN'S CENTER OF WALKERSVILLE LLC FOR PROPERTY DAMAGE.

In the event that damages occur, I agree to be financially responsible for any costs incurred as a result of such damages. I am aware and understand that I should carry my own electronics insurance as required or offered through Frederick County Public Schools.

Executed on this _____ day of _____, 20_____

Name of Child (*please print*): _____

Name of Guardian (*please print*): _____

Signature : _____ Date: _____

Login information will only be available to staff assigned to your child's classroom and our Administration staff.

Device Login Information: User: _____ Password: _____

Schoology STUDENT Login: User: _____ Password: _____