



COVID-19 LIABILITY WAIVER FORM

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the WHO, DGHS and many other public health authorities still recommend practicing social distancing. I further acknowledge that DPS STS School Dhaka has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that DPS STS 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 unintended negligence of me and others, including, but not limited to, staff, and other families.

I voluntarily seek services provided by DPS STS and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while I am on campus.

I attest that:

- I am not experiencing any symptoms 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 the last 14 days.
- I have not traveled to a highly impacted area within Bangladesh in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID19.
- 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 Bangladesh, DGHS and WHO recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold DPS STS 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 Standard Operating Procedure (SOP) of the DPS STS, or that may otherwise arise in any way in connection with any services received from DPS STS. I understand that this release discharges DPS STS together with all owners, partners, employees and volunteers, from any liability or claim that I, my heirs, or any personal representatives may have against the DPS STS 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 DPS STS.

Staff/ Parent/ Visitor Name (type in CAPITAL LETTER): _____

Student Name, Grade & Section (in case of a parent): _____

Student GR number: _____

Signature (in the box):

Date: