



**Valley Academy for
Career and Technology Education**

3405 E. Highway 89A – Bldg. B
Cottonwood, AZ 86326
(928) 634-7131

SKILLS FOR TODAY, CAREERS FOR A LIFETIME

Dear parents and guardians of a VACTE Student:

Our job is to work with you to help keep children and their educators healthy. We also want you to clearly understand the risks and what we are doing about them, so you can make the best decision for your family.

Attached to this letter is a legal document called a waiver. Like many legal papers, it can be hard to understand and even a little worrisome. Below I will explain the waiver and how it affects you.

Although Valley Academy for Career & Technology Education (VACTE) is taking several steps to protect your child from the spread of COVID-19 as outlined on our website (vacte.com), it is impossible to reduce the risk to zero. As an example, a child may contract COVID-19 outside of school, show no symptoms at all, and unintentionally infect a classmate.

By signing the waiver, you are agreeing not to make a legal claim against the district if your child gets sick. It is another way of acknowledging that no matter how hard we try; we cannot control every environmental variable.

By signing the waiver, you are also agreeing that when your child leaves home to attend class in-person, they are not sick, and especially, that they are not running a fever. You are agreeing, too, to keep your child at home if they show any of these symptoms:

- Fever of 100.4°F or higher
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea, vomiting, or diarrhea
- Any other symptom of illness, whether or not you believe it is related to COVID-19

Yes, it is a long list of symptoms, but our hope is that, if everyone does their part, we can avoid unnecessary risks at school.

Finally, the waiver means that you are agreeing to keep your child at home if they have had a positive COVID-19 test.

We know this is a difficult time, so we are working hard to make many educational options available to you and keep you fully informed. **In that spirit, if you have concerns, questions or need more information, feel free to contact me ((928) 634-7131 Ext: 12) anytime.** I would be happy to talk things through with you.

Please sign the waiver below and have it returned to the VACTE teacher on Monday, Aug. 17th.

Thank you in advance for doing your part to make sure every child stays safe and healthy.

Sincerely,

A handwritten signature in blue ink that reads "Robert Weir".

Robert Weir
VACTE Superintendent

Valley Academy for Career & Technology Education (VACTE)

COVID-19 Waiver, Release, and Assumption of Risk Form

The novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Nevertheless, the State of Arizona has elected to reopen schools for the 2020/2021 school year. Although the VACTE has put in place protective measures to reduce the spread of COVID-19, VACTE cannot guarantee that your child will not become infected with COVID-19. Your child's physical attendance at school, together with other students, inherently increases the risk that your child, you, and/or your household members will contract COVID-19, notwithstanding any precautions taken by VACTE.

On behalf of myself, my household members, and my minor child, _____, I acknowledge the extremely contagious nature of COVID-19 and specifically assume all risks and hazards associated with my child's in-person school attendance during the COVID-19 pandemic. I acknowledge that by attending class in person, my child will be associating with staff and other children and may acquire COVID-19 notwithstanding any precautions taken by VACTE. I acknowledge that VACTE cannot absolutely control the conduct of its students, guarantee that they or their parents will follow safety protocols and procedures, or prevent infected students from attending and potentially spreading COVID-19 to my child, directly or indirectly.

I further acknowledge that my child's physical attendance at VACTE is wholly voluntary. By permitting my child to attend school during the COVID-19 pandemic, I voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me and members of my household.

I certify that my child is in good health and has no fever. (A temperature of 100.4 degrees Fahrenheit or higher is considered a fever.) I understand that symptoms of COVID-19 include, but are not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea. I certify that my child currently has none of these symptoms, and I will prevent my child from physically attending school if my child develops any of these symptoms or any other symptoms of illness, whether or not I believe it's related to COVID-19. I will also notify the school and not permit my child to attend if my child tests positive for COVID-19. My child and I will follow all COVID-19 protocols and procedures adopted by VACTE.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against VACTE, its insurers, VACTE's governing board, and all of their respective employees, agents, representatives, and volunteers arising from or relating in any way to any damage, injury, trauma, illness, loss, or death that may occur to my child, me, or my household members as a result of the COVID-19 pandemic.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my child, or my household members as a result of the COVID-19 pandemic.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____