

Liability Waiver for clients of Exceptional Minds Adaptive Learning Services Inc.

Please read this waiver in its entirety.

Before permitting clients to attend direct sessions at Exceptional Minds Adaptive Learning Services Inc., the parent/guardian of the client(s) must sign the waiver below.

Individuals who have travelled outside of Canada within the previous 14 days, who are sick or who have been in contact with someone who is suspected of having COVID -19 must not access direct services at Exceptional Minds Adaptive Learning Services Inc. This access may be withdrawn at any time based on health agency recommendations.

The parent/guardian on the waiver agrees that Exceptional Minds Adaptive Learning Services Inc. shall not be held responsible for any injury, loss or damage whatsoever occurring to the participant(s) while he/she is in attendance at Exceptional Minds Adaptive Learning Services Inc.

I am allowing my child(ren) to attend sessions at Exceptional Minds Adaptive Learning Services Inc., and am aware that Exceptional Minds Adaptive Learning Services Inc. and its staff cannot guarantee that my child will not contract COVID-19, despite every effort made at Exceptional Minds Adaptive Learning Services Inc. to follow the health and safety guidelines outlined by the Ministry of Health.

I am allowing my child to receive direct services at Exceptional Minds Adaptive Learning Services Inc. at my own risk.

I consent to the attendance of direct sessions for my child on the terms of this waiver of liability and agree to release Exceptional Minds Adaptive Learning Services Inc., of all liabilities, should my child(ren) contract COVID-19.

I acknowledge reading this waiver and declaration and understand the conditions contained herein and agree to abide by all terms.

By signing and submitting this waiver, I am also confirming the following measures have been met:

- I confirm that my child and any immediate household/family members have not travelled outside of Canada for the past 14 days.

- I confirm that my child and any immediate household/family members have not been in contact with anyone who is suspected of having COVID-19 in the past 14 days.
- I confirm that my child and any immediate household/family members have not been in close contact with anyone who has traveled within the last 14 days to any country outside of Canada.
- I understand and confirm that my child will be expected to follow health and safety rules

Child's Name	
Parent/Guardian's Name(s):	
Parent/Guardian's Signature(s):	
Date:	
Witness Name:	
Witness Signature:	