



Orlando Polish Cultural and Educational Center, Inc.  
OrlandoPolishCenter@gmail.com

Orlando Polish Center - Polish Language School

Conway First Baptist Church (CFBC)

4000 S Conway Rd, Orlando, FL 32812

**ACKNOWLEDGEMENT OF RISK, RELEASE OF LIABILITY, AND PARTICIPANT AGREEMENT**

In consideration of being allowed to enter and participate in activities of the **Orlando Polish Center (OPC)** the undersigned, on his or her behalf, and on behalf of the participant(s) identified below, acknowledges, appreciates, and agrees to the following conditions:

I, as the parent, or legal guardian of the participant(s) named below, or I have obtained permission from the parent/legal guardian of the participant(s) (children, minor) named below to execute this agreement on their behalf.

I as a parent/guardian on behalf of the participants listed below am aware that participating in activities, parties, and/or use of the **Orlando Polish Center** meeting areas and equipment creates a risk of injury, and I freely assume all such risks both known and unknown even if arising from the negligence of others. I AGREE TO RELEASE, DEFEND, INDEMNIFY, NOT SUE AND HOLD HARMLESS ORLANDO POLISH CENTER and CONWAY FIRST BAPTIST CHURCH, their principals, officers, owners, employees, equipment manufacturers, from any claims, damages, (including medical fees, attorney fees), injuries (including disabilities, paralysis, and death) and expenses arising out of or resulting from my voluntary attendance/participation at **OPC and CFBC** or the voluntary attendance/participation of those for whom I have signed below.

I as a parent/guardian willingly agree to comply with the stated, customary, posted terms, rules, verbal instructions, and conditions for attendance/participation. I warrant and certify that all participants (minor/children) are physically fit and able to participate in all activities at **OPC and CFBC**.

I as a parent/guardian have carefully read the above participation agreement, assumption of risk acknowledgement and release of liability. I hereby agree to be bound by it for myself and all minor participants listed below, and fully understand its contents. I have the permission from the minor's family or other responsible party to cover the minor under this agreement.

**Parent /Guardian (Print First and Last Name)**

**Parent /Guardian (Signature)**

**Participant/Minor's Name Age**

- 1)
- 2)
- 3)

**EMERGENCY CONTACT AND PHONE**

# \_\_\_\_\_ DATE \_\_\_\_\_



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**PARTICIPANT AGREEMENT**

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In consideration of being allowed to enter and participate in activities of the *Orlando Polish Center (OPC)* the undersigned, on his or her behalf, and on behalf of the participant(s) identified below, acknowledges, appreciates, and agrees to the following conditions:

- I AGREE TO INFORM THE DESIGNATED ORLANDO POLISH CENTER STAFF ABOUT ANY MEDICAL CONDITIONS OF NAMED BELOW PARTICIPANT(S) SUCH AS KNOWN ALLERGIES OR ILLNESS PRIOR TO PARTICIPATION IN SCHOOL ACTIVITIES
- I AGREE TO RESPECT ALL PROPERTY, RULES AND VALUES OF ORLANDO POLISH CENTER AND CONWAY FIRST BAPTIST CHURCH
- I AGREE TO BE PRESENT PHYSICALLY AT THE CAFETERIA AREA OF THE CONWAY FIRST BAPTIST CHURCH FOR THE ENTIRE DURATION OF THE OPC SCHOOL MEETING IN CASE MEDICAL AND/OR EMERGENCY 911 SUPPORT IS NEEDED FOR NAMED BELOW PARTICIPANT(S). IN CASE PARENT OR GUARDIAN PHYSICAL PRESENCE IS NOT POSSIBLE A DESIGNATED TEMPORARY GUARDIAN MUST BE SELECTED, AND SCHOOL STAFF MUST BE INFORMED WITH A WRITTEN NOTICE OF SUCH DESIGNATION PRIOR TO STARTING OF LANGUAGE LEARNING ACTIVITIES

I as a parent/guardian have carefully read the above participation agreement. I hereby agree to be bound by it for myself and all minor participants listed below, and fully understand its contents. I have the permission from the minor's family or other responsible party to cover the minor under this agreement.

**Parent /Guardian (Print First and Last Name)**

**Parent /Guardian (Signature)**

**Participant/Minor's Name Age**

- 1)
- 2)
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**EMERGENCY CONTACT AND PHONE**

# \_\_\_\_\_ DATE \_\_\_\_\_



**Assumption of the Risk and Waiver of Liability**

**Relating to Coronavirus/COVID-19**

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.

The Orlando Polish Center (OPC) has put in place protective measures to reduce the spread of COVID-19; however, the OPC cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending activities on the campuses of OPC could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending activities on OPC campuses and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while on OPC campuses may result from the actions, omissions, or negligence of myself and others, including, but not limited to, OPC employees, classified staff, coaches, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance in activities or participation in MSD programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the OPC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the OPC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any OPC activity.

The safety of our employees, students, families and visitors remains the OPC's priority. To prevent the spread of COVID-19 and reduce the potential risk of exposure to all parties, we are conducting a simple screening questionnaire with this waiver. Your participation is important to help us take precautionary measures to protect you, your Child(ren) and everyone on campus. Please circle your answers.

1. Has your child had close contact with or been diagnosed with COVID-19 within the 30 days? \*\* YES NO

2. Has your child experienced any of the symptoms below in the last 14 days? \*\* YES NO

(fever, chills, cough, sore throat, respiratory illness, difficulty breathing, or loss of taste or smell)

3. If my Child(ren) develop(s) any of the above symptoms I will keep them home, notify the Teacher and seek medical care to obtain a physician's note stating it is safe to return to participation. YES NO

\*\* If the answer is "yes" to questions 1 or 2, access to OPC activity will be denied until a physician's note is delivered to the OPC Director or OPC Teacher.

Signature of Parent/Guardian Date

Print Name of Parent/Guardian Name of Participant(s)