



Ravenscroft School Communicable Disease Daily Health Certification  
And  
Release of Liability and Assumption of Risk Agreement

**Daily Health Certification**

Please certify your answers to the questions below by your signature. If you cannot answer that, you do not, or have not, to each question you cannot be allowed on the Ravenscroft campus.

I do not have, nor have I had in the prior 72 hours, any of the following symptoms: fever (temp greater than or equal to 100.0 F), chills, cough, shortness of breath, difficulty breathing, fatigue, muscle aches, body aches, headache, new loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting or diarrhea.

I have been fever free without the use of fever-reducing medications (acetaminophen, ibuprofen, etc.) for 72 hours.

I have not been diagnosed with Covid-19 within the last 14-days.

I have not been in the presence of anyone exhibiting Covid-19-like symptoms (fever, cough, shortness of breath, chills, body aches, loss of taste/smell, rash, sore throat, headache, reddened eyes).

I have not been in the presence of anyone who has been recently diagnosed with Covid-19.

I have not been in the presence of anyone who is being tested for Covid-19 (with results pending).

I have not returned from any international travel within the last 14 days.

**Release of Liability and Assumption of Risk Agreement**

I certify that I am the participant, or the legal parent/guardian with responsibility for the below named participant, and that I have read each of the conditions contained in the **Daily Health Certification** and agree with the answers provided as they apply to the participant. Based on my certification, I the participant, and/or I the parent/guardian of the participant, for myself and for my minor child(ren) or ward(s), and on behalf of my/our heirs, assigns, beneficiaries,

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executors, administrators, personal representatives, and next of kin, HOLD HARMLESS, AND FOREVER DISCHARGE RAVENSCROFT SCHOOL, and its officers, directors, officials, agents, representatives, and employees from any and all claims, demands, suits, causes of action, losses, and liability of any kind whatsoever, whether in law or equity, arising out of or related to any ILLNESS, INJURY, DISABILITY, DEATH, OR OTHER DAMAGES incurred due to or in connection with any Communicable Diseases to the fullest extent permitted by law.

I agree that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of North Carolina, and if any portion hereof is held invalid, it is agreed that the remainder shall be continue in full legal forced and effect.

**Participant Printed Name**

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**Participant Signature**

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**Date**

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**Parent/Guardian Printed Name**

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**Parent/ Guardian Signature**

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**Date**

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