



I, _____, and _____, my child (ren) have waived our rights of wearing a mask and take full responsibility and releasing Reigning Hope from any liability if contracted COVID. No such legal action will be taken for the duration of services and thereafter.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, UNDERSTAND IT COMPLETELY AND VOLUNTARILY AGREE TO BE BOUND BY ITS TERMS.

Print Full Name of Participant _____

Signature of parent or guardian: _____

Print full Name of Guardian: _____

COVID 19 IS A WIDESPREAD PANDEMIC. ALTHOUGH PRECAUTIONS ARE BEING TAKING, THERE IS NO BUARANTEE MY CHILD WON'T GET COVID.

I WILL NOT HOLD REIGNING HOPE RESPONSIBLE IF MY CHILD CONTRACTS COVID.

SIGNATURE

DATE