



ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ Zip: _____

Name of Parent(s) or Guardian(s): _____

Email Address(es) of Parent(s) or Guardian(s): _____

Phone: _____ Work: _____ Mobile: _____

I, _____ (print name), acknowledge that Saturday Academy is willing to allow me to participate in activities, including classes, camps, internships, and/or programs offered and provided by Saturday Academy at premises that Saturday Academy owns, rents, or otherwise uses for activities. Such activities may include operating technological, medical, and/or robotic equipment; operating scientific equipment, including the use of chemical compounds; handling biological samples, including animal specimens; using arts and crafts supplies; taking field trips; and other activity described in the class or internship description (the "Activities"). I understand that my participation in the Activities will include interaction with other students and that such Activities will be monitored by Saturday Academy staff, instructors, interns, counselors, site supervisors, mentors, and teacher monitors. I would like to participate in these Activities. In exchange for Saturday Academy allowing me to engage in these Activities, I agree to all the terms and conditions set forth in this Release of Liability and all addenda hereto (the "Agreement").

1. Acknowledgment and Assumption of Risk

I understand that there are risks and dangers inherent in my engagement and participation in the Activities, including but not limited to possible property damage, personal injury, or death. I further understand that, in addition to all those inherent risks and dangers, COVID-19 and other contagious diseases may be transmitted by in-person interaction with other people, by contact with surfaces where COVID-19 particles or other contagious diseases could be present, or by contact with airborne COVID-19 particles or particles related to other contagious diseases. I understand that Saturday Academy cannot guarantee that its staff, instructors, interns, counselors, site supervisors, and other students are not carrying COVID-19 or other contagious disease. I understand that there are risks and dangers inherent in my engagement in





the Activities that participation in the Activities could result in personal injury or death.

I AM CHOOSING TO PARTICIPATE IN THE ACTIVITIES WITH THE FULL UNDERSTANDING AND ACKNOWLEDGEMENT THAT SUCH ACTIVITIES INCLUDE INHERENT RISKS AND DANGERS, AS WELL AS THE SPECIFIC RISKS AND DANGERS POSED BY COVID-19, AND I HEREBY AGREE TO ACCEPT AND ASSUME RESPONSIBILITY FOR ANY AND ALL RISKS OF INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT I MAY EXPERIENCE, WHETHER CAUSED BY THE NEGLIGENCE OF OTHERS OR OTHERWISE TO THE FULLEST EXTENT PERMITTED BY LAW.

2. Medical Treatment

I hereby give consent and authority to Saturday Academy to obtain medical treatment on my behalf if I am injured or require medical attention during participation in the Activities. I understand and agree that I am solely responsible for all costs related to such medical treatment or transportation. I agree that I will not sue or bring any claim whatsoever against Saturday Academy in connection with such treatment or other medical services. In the event Saturday Academy incurs costs related to or arising out of medical treatment on my behalf, I understand that I am 100% responsible for reimbursing Saturday Academy for all such costs in full.

3. Waiver and Release of All Claims

In consideration of my ability to attend Saturday Academy and participate in the Activities, I promise not to sue or bring any claim against Saturday Academy, and its officers, directors, board members, staff, instructors, interns, counselors, site supervisors, contractors, affiliates, successors, and assigns (referred to collectively as "Releasees"), on account of injury, illness, death, or property damage arising out of or attributable to my participation in the Activities, INCLUDING CLAIMS ARISING OUT OF THE NEGLIGENCE OF SATURDAY ACADEMY, ITS OWNERS, STAFF, INSTRUCTORS, INTERNS, COUNSELORS, SITE SUPERVISORS, MENTORS, TEACHER MONITORS, CONTRACTORS, AND VOLUNTEERS. I understand that I am agreeing to waive and release any and all claims for bodily injury or property damage against Saturday Academy or any other Releasees and to forever release and discharge Saturday Academy and all other Releasees from liability under such claims.

4. Enforceability

If any term or provision of this Agreement is determined to be invalid, illegal, or unenforceable in any jurisdiction, that shall not affect any other term or provision of





this Agreement. This Agreement shall be binding upon me, my heirs, executors, successors, and beneficiaries. The laws of the State of Oregon shall apply to all matters arising out of or related to this Agreement.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE SATURDAY ACADEMY AND ALL OTHER RELEASEES.

Signature: _____ Date: _____

**ADDENDUM: AGREEMENT TO PROTECT AGAINST SPREAD OF
NOVEL CORONAVIRUS**

Student Name: _____

Mailing Address: _____ City: _____ Zip: _____

Name of Parent(s) or Guardian(s): _____

I understand that I share in the responsibility to take measures to prevent and reduce the spread of COVID-19 and other contagious diseases while engaging in Activities offered by Saturday Academy. In exchange for Saturday Academy authorizing me to engage in Activities, I agree to the following:

1. Washing my hands with soap and water for a minimum of the 20 seconds before and after all Activities (including before arrival at any class or camp) and after coughing, sneezing, and/or throwing away tissues or any other objects.
2. Cooperating with daily health screenings administered by Saturday Academy, including temperature checks and symptom checks in order to participate in any Activities.
3. Notifying Saturday Academy (a) if I have been in contact with someone known or suspected to be infected by COVID-19; (b) if I have been diagnosed as being infected by COVID-19; or (c) if I have been running a fever or exhibiting other





symptoms as outlined by the Oregon Health Authority (<https://govstatus.egov.com/OR-OHA-COVID-19>) within three (3) days prior to scheduled participation in Activities offered by Saturday Academy.

4. Not attending any class, camp, internship and/or program (a) if I have been in contact with someone known or suspected to be infected by COVID-19; (b) if I have been diagnosed as being infected by COVID-19; or (c) if I have been running a fever or exhibiting other symptoms as outlined by the Oregon Health Authority within three (3) days prior to scheduled participation in Activities offered by Saturday Academy.
5. Follow current OHA guidelines for Youth Programs as found on the Oregon Health Authority webpage (<https://govstatus.egov.com/OR-OHA-COVID-19>). For interns, I agree to follow the guidelines set forth by my host organization.

Signature: _____ Date: _____

