



ADDENDUM
to the 2020/2021 EMPLOYEE AGREEMENT
COVID-19 EMPLOYEE WAIVER AND DISCLAIMER

EMPLOYEE'S NAME: _____

As the COVID-19 continues to spread, Highpoint Academy, Inc. wants to ensure that you are aware of what steps we are taking to protect all Highpoint employees, students, their families and other Faculty/Staff members. Highpoint Academy Inc. will continue to follow all federal, state and local regulations including, but not limited to, CDC and OSHA regulations, to protect everyone during this time.

In order to prevent spread of COVID-19, all employees must open and read carefully all of the CDC and Dept. of Health links posted on the Highpoint website (www.highpointfamilies.com.) All employees are required to abide by the latest Guidelines and also by Highpoint's COVID-19 "Health & Safety" protocols.

All Highpoint Academy employees agree to do the following at all times:

- Wear a mask that covers nose and mouth.
- Cover mouth and nose with a tissue or sleeve (not hands) when coughing or sneezing;
- Throw all used tissues in the trash right away and wash hands for 20 seconds immediately after handling used tissues.
- Wash hands for 20 seconds several times throughout the day;
- Avoid touching eyes, nose or mouth;
- Avoid close contact with people who are sick;
- Clean and disinfect frequently touched objects and surfaces, such as keyboard or mouse, using a regular household cleaning spray or wipe.
- Avoid contact with others outside the school that are having symptoms;
- Avoid social gatherings;
- Avoid being closer than 6' to persons that are not part of their household that are not maintaining social distancing or wearing masks appropriately.

I understand the symptoms listed below may appear 2-14 days after exposure to the virus. I understand people with these symptoms may have COVID-19 and will be required to test for the virus, per published protocols:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

AGREEMENT - WAIVER - DISCLAIMER

I understand that if I travel from a country or region with widespread ongoing transmission, as outlined by the CDC, I must stay home and self-quarantine (without pay)for 14 days. _____ (Initial)

I confirm that I have not traveled to any of the countries or regions with widespread ongoing transmission (Level 3 Travel Health Notice) in the past 14 days. _____ (Initial)

I confirm that I do not display or currently have any of the symptoms that are representative of COVID- 19, which are outlined above: _____ (Initial)

I confirm, to the best of my knowledge, that I have not had close contact with an individual diagnosed with COVID-19 in the past 14 days. _____ (Initial)

I confirm that if I display any of these symptoms, I will be sent home immediately and will need to abide by all published protocols. _____ (Initial)

I confirm that my employer has the right to screen me for symptoms prior to entering the campus every day in order to protect students and other employees from the spread of COVID-19. _____ (Initial)

I understand that based on what is currently known about COVID-19, the spread is thought to occur mostly from person-to-person via respiratory droplets among close contacts. I understand that close contact can occur from being within approximately 6 feet of someone with COVID-19 for a prolonged period of time or by having direct contact with infectious secretions from someone with COVID-19.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury; (including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my family members may experience or incur in connection with my employment at Highpoint Academy or participation in Highpoint Academy programming, events or activities.

I hereby release, covenant not to sue, discharge, and hold harmless Highpoint Academy, Inc., its employees, agents, and representatives, from 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 Highpoint Academy, Inc., its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Highpoint Academy .

By signing this Agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending Highpoint Academy 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 at Highpoint Academy may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Highpoint Academy owners, employees, volunteers, students, program participants and their families.

EMPLOYEE SIGNATURE:	Date:
Print Name of Employee:	