

## 2022-23 Insurance Waiver

**STUDENT NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

The undersigned parent or natural guardian of \_\_\_\_\_, a minor, hereby warrants to Creation Corner Preschool/First Baptist Church, O'Fallon that the undersigned has secured and will maintain medical and accident insurance covering all physical damages and medical expenses which may be incurred as the result of injury to said minor by reason of his/her participation in preschool during the 2022-23 school terms.

**ALL CREATION CORNER STUDENTS MUST SUBMIT A SIGNED INSURANCE WAIVER INDICATING THAT THEY HAVE MEDICAL INSURANCE COVERAGE TO ATTEND SCHOOL.**

In addition, although we will do our best to implement safe participation opportunities, there is still an inherent risk of exposure to COVID-19 in any public place where people are present. COVID-19 is an extremely contagious and dangerous virus which can lead to severe illness and/or death. By allowing your child to participate in preschool you agree to voluntarily assume all risks related to exposure to COVID-19.

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**Signature of Parent/Guardian**

**Date**