

## Spartanburg Three Face Covering Waiver of Liability

Pursuant to South Carolina Executive Order 2021-23, Section 2, Paragraph I, as signed, directed and dated May 11, 2021, by South Carolina Governor Henry McMaster, please consider this form as my waiver of liability (in lieu of, in advance of, and in addition to, any forms SCDHEC may develop in accordance with South Carolina Executive Order 2021-23) to opt out of any and all Face Covering (“mask”) requirements for my child, effective immediately, while in attendance of any instruction or other event at any Spartanburg Three school, before, during or after regular school hours.

### Transportation:

- I acknowledge I fully understand, and accept that my child is required to wear a mask when transported by a Spartanburg Three School Bus as required by the President’s Executive Order No. 13998 (Executive Order on Promoting COVID-19 Safety in Domestic and International Travel) (Jan. 21, 2021); CDC Order Under Section 361 of the Public Health Service Act (42 U.S.C. § 264) and 42 C.F.R. §§ 70.2, 71.31(b), 71.32(b) (Requirement for Persons to Wear Masks While on Conveyances and at Transportation Hubs) (Jan. 29, 2021).

### Liability Disclaimer:

- I hereby verify that I am the legal parent/guardian and have the legal authority to make decisions for the child identified in this form. I fully understand, and accept, any and all risks to my child’s health as it relates to the Covid-19 pandemic in signing this waiver of liability, and shall not hold any person or party to the administration, faculty, staff, suppliers, parents or students of any Spartanburg Three school responsible or liable for damages associated with accepting the Governor’s opt out directive under the aforementioned Executive order.
- I further release, acquit, discharge, covenant to hold harmless to indemnify Spartanburg County School District Three or any school therein, their agents, servants, employees or former employees, and their heirs, successors and assigns, of and from any and all actions, causes of action claims, damages, costs, attorney’s fees, loss of services, expenses, and compensation, which I, any other parent or guardian, the student, any family member or any person, firm or corporation may have or hereafter have, for any known or unknown losses, damages, or injuries directly or indirectly arising from, resulting from or in any way relating to my son/daughter/ward not wearing a mask in connection with this option.
- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the student.
- I acknowledge that DHEC and the CDC recommend that students wear face coverings in the school environment to protect against the spread of COVID-19 based on scientific evidence and research studies.
- I understand that if I am a student age 18 or older, or a student who may otherwise legally consent, references to “the student” refer to me and I may sign this form on my own behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Student's grade

\_\_\_\_\_  
Student's School