

WAIVER OF LIABILITY TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, was declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious. As a result, ASTORIA EXPRESS TRANSIT CORP has put into place preventative measures to reduce the likelihood of the spread of COVID-19. However, ASTORIA EXPRESS TRANSIT, CORP cannot prevent you or your child(ren) from becoming exposed to, contracting , or spreading Coronavirus/COVID-19 while utilizing ASTORIA EXPRESS TRANSIT CORP's services.

ASSUMPTION OF RISK: I have read and understand the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my child(ren) _____ in order to utilize ASTORIA
(name of child/ren)

EXPRESS TRANSIT CORP's services and enter ASTORIA EXPRESS TRANSIT CORP's premises.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against ASTORIA EXPRESS TRANSIT and its owners, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing ASTORIA EXPRESS TRANSIT CORP's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, diseases or losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of New York will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE THE RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____ Date: _____

Name (Printed): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby consent to the term and conditions of this Release.

Signature: _____ Date: _____

Name (printed): _____

HEALTH QUESTIONNAIRE

Prior to the Start of My Service , I Confirm that:

- My Child/ren have not been diagnosed with COVID-19 in the past 2 weeks.
- My Child/ren not shown symptoms of COVID-19 or come in close contact with anyone exhibiting these symptoms in the past two weeks.
- My Child/ren have not traveled outside of my immediate daily routine for the past two weeks.
- My Child/ren do not have a cough ,fever ,chills, shortness of breath, or loss of taste or smell.
- If my Child/ren begin to show symptoms of COVID-19 within the next two weeks , I will not have my child ride the bus and I will contact ASTORIA EXPRESS TRANSIT, CORP.
- My Child/ren and I will follow all posted school bus rules to keep myself , my driver and those around me safe.

Name of Child/ren attending Bus: _____

Parent/ Guardian Signature: _____

Parent/ Guardian Printed Name: _____

Date: _____

Phone #: _____