

2022-2023 INSURANCE & COVID WAIVER
(Please Print)

I, _____, the undersigned parent or guardian of
_____, a minor, hereby warrants Creation Corner/First Baptist Church,
O'Fallon, IL, that the undersigned has secured and will maintain medical 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.

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 of
COVID-19.

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

Student First & Last Name

Date of Birth

Signature of Parent/Guardian

Date