



## Lakeside Christian Academy

### Student Mask Waiver and Release of Liability

I, \_\_\_\_\_, as parent or guardian of  
\_\_\_\_\_

a student (or students) at Lakeside Christian Academy (Please Check One):

A. \_\_\_\_\_ I choose for my child (children) to wear a mask while at school.  
NOTE: It will be the student's responsibility to wear their mask.  
The LCA Faculty is not responsible for enforcing this.

B. \_\_\_\_\_ I approve this mask waiver for my child (children) not to wear a mask  
due to personal concerns or medical conditions, which I choose to  
remain confidential.

I also acknowledge that by my child's enrollment, I hereby release Lakeside Christian Academy, New Horizon Church, Pastor John Raymond, and any associated faculty, directors, or personnel from any legal liability or consequences associated with the Coronavirus.

Signed \_\_\_\_\_ Dated \_\_\_\_\_