

EXHIBIT "A"

FORM OF STUDENT SAFETY AND CONDUCT AGREEMENT



**CHRISTUS®**  
**SHREVEPORT-BOSSIER**  
Health System

OUR MISSION "To Extend the Healing Ministry of Jesus Christ"

STUDENT SAFETY AND CONDUCT AGREEMENT

In consideration of being permitted access to the swimming pool located in the gymnasium situated in the building known as CHRISTUS Louisiana Athletic Club Shreveport 9425 Healthplex Drive Shreveport, LA 71106 (the "Swimming Pool"), the undersigned hereby agrees as follows:

I acknowledge that the coronavirus disease (COVID-19) is a novel virus that spreads easily among people, and has spread within Shreveport and throughout Louisiana, and nearby states. I understand that I may be exposed to and acquire this disease anywhere, and that avoidance of transmission is extremely difficult to control perfectly in any environment. I also understand that CHRISTUS HEALTH NORTHERN LOUISIANA d/b/a CHRISTUS SHREVEPORT —BOSSIER HEALTH SYSTEM ("CHRISTUS") has implemented numerous safety measures and I agree to comply with all such CHRISTUS requirements. I have advised CHRISTUS personnel of any potential symptoms of COVID-19, that I or anyone I live with is currently experiencing or has recently experienced, as well as any known exposure to other persons who are believed to have the virus.

I understand and agree to follow all CHRISTUS policies and procedures to reduce the spread of COVID-19 for my protection as well as the protection of others. This includes, but is not limited to, maintaining at least six (6) feet of distance between myself and others as much as possible; wearing a face mask/face covering; washing my hands frequently; having my temperature checked; avoid touching my eyes, nose or mouth; cover my mouth and nose when coughing or sneezing; and participating in the applicable daily screening procedures.

I also agree that I will not attend practices at the CHRISTUS facility if I have any of the following symptoms:

- A temperature of over 100 degrees
- Persistent, Uncontrolled Cough
- Shortness of Breath/Difficulty Breathing
- Loss of Taste or Smell
- Muscle Pain

I expressly waive and release any and all claims, now known or hereafter known, against CHRISTUS, and its officers, directors, employees, agents, affiliates, partners, members, successors, and assigns (collectively, "Releasees"), on account of injury, death, or property damage arising out of or attributable any access of the Swimming Pool, whether

arising out of the negligence or misconduct of CHRISTUS or any Releasees or otherwise. I covenant not to make or bring any such claim against CHRISTUS or any other Releasee, and forever release and discharge CHRISTUS and all other Releasees from liability under such claims. Further, I agree to indemnify, defend, and hold CHRISTUS and the Releasee's harmless from any and all claims, demands, or liabilities brought by or on behalf of any of my guests, invitees, agents, representatives, or other persons ("Guests") arising from any use or access by me or my Guests of the Swimming Pool.

I FURTHER ACKNOWLEDGE THE CONTAGIOUS NATURE OF COVID-19 AND VOLUNTARILY ASSUME THE RISK OF COMING INTO CONTACT WITH, EXPOSURE TO, OR INFECTION BY, COVID-19 THROUGH THE USE OF THE SWIMMING POOL AND THAT EXPOSURE OR INFECTION MAY RESULT IN PERSONAL INJURY, ILLNESS, DISABILITY, UP TO AND INCLUDING DEATH TO SUCH INDIVIDUALS. I UNDERSTAND THAT THE RISK OF BECOMING EXPOSED TO, OR INFECTED BY, COVID-19 MAY RESULT FROM THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF OTHERS OR MYSELF. ON BEHALF OF MYSELF, MY CHILD(REN), OTHERS RESIDING IN MY HOME, AND OTHERS WHO MAY BE PRESENT DURING MY VISIT TO THE SWIMMING POOL, I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND HEREBY RELEASES, COVENANTS NOT TO SUE, DISCHARGES, AND HOLDS THE RELEASEES HARMLESS FROM ANY ACTUAL OR ASSERTED INJURY, ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, RELATING TO, OR ARISING FROM, ACTUAL OR POTENTIAL COVID-19 EXPOSURE, INFECTION, OR ADVERSE OUTCOMES RESULTING FROM THE USE OF THE SWIMMING POOL. I FURTHER UNDERSTAND THAT THIS RELEASE INCLUDES ANY COVID-19-RELATED CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF CHRISTUS.

By signing this Agreement, I have reviewed the Agreement and I understand and agree to all of the terms of this Agreement.

\_\_\_\_\_  
Student Name *[Please Print]*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

Agreement of Parent/Legal Guardian: Required for all Students under the age of 18  
As the parent or legal guardian of the above named Student, I have reviewed this Student Safety and Conduct Agreement, and I understand and agree to all of the terms of this Agreement and understand my responsibility in managing the Student's compliance with its terms.

\_\_\_\_\_  
Parent/Legal Guardian's Name *[Please Print]*

\_\_\_\_\_  
Signature of Student's Parent/Legal Guardian

\_\_\_\_\_  
Date