EXHIBIT "A"

FORM OF STUDENT SAFETY AND CONDUCT AGREEMENT

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

CHRISTUS®
SHREVEPORT-BOSSIER
Health System

STUDENT SAFETY AND CONDUCT AGREEMENT

In consideration of being permitted access to the swimming pool located in the BHP YMCA of NWLA 3455 Knight Street, Shreveport, LA 71105 (the "Swimming Pool"), the undersigned hereby agrees as follows:

A. I acknowledge that I may be exposed to infectious conditions such as Novel Coronavirus (COVID-19), Influenza (Flu), and Norovirus while I am volunteering. I understand that I may be exposed to and acquire these diseases anywhere, and that avoidance of transmission is extremely difficult to control perfectly in any environment. I also understand that CHRISTUS has implemented numerous safety measures designed to protect me and others from exposure to infectious disease, and I agree to comply with all such requirements, policies, procedures, and required trainings. This includes, but is not limited to, washing my hands frequently; avoiding touching my eyes, nose, or mouth; and covering my mouth and nose when coughing or sneezing.

B. I will not access the Swimming Pool if I test positive for any infectious disease or have symptoms of an infectious condition, such as:

- A temperature at or over 100.4°F within the last 24-hours
- Nausea, vomiting, or diarrhea
- Unexpected body aches and pains
- Unexplained fatigue
- Uncontrolled coughing

C. I understand that CHRISTUS may ask me exit the Swimming Pool if I begin exhibiting symptoms of an infectious conditions or, in CHRISTUS' judgment, my participation and/or presence poses an unreasonable risk to my health and safety or the health and safety of others.

D. 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.

E. I FURTHER ACKNOWLEDGE THE CONTAGIOUS NATURE OF THE INFECTIOUS DISEASES SET FORTH IN SECTION "A" AND VOLUNTARILY ASSUME THE RISK OF COMING INTO CONTACT WITH, EXPOSURE TO, OR INFECTION BY, AND 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, THE AFOREMENTIONED INFECTIOUS DISEASES 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 INFECTIOUS DISEASE-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.

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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.

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

_____ _____

Signature of Student's Parent/Legal Guardian Date