

## **Flex/Benchmark Family Declaration**

**For use beginning June 1, 2020**

I declare that I am the parent or legal guardian of the student identified on this COVID-19 Declaration and that I have personal knowledge of the information provided in this Declaration, which I am completing on behalf of my student.

I understand and acknowledge that, at the time of my student's registration for the SSAT, I accepted the terms of the SSAT Candidate Agreement and agreed that all information provided to The Enrollment Management Association in relation to my student's SSAT registration would be complete, truthful, and accurate in every respect. I further understand and acknowledge that the information provided in this Declaration is important information that is relevant to my student's SSAT registration, and that The Enrollment Management Association (EMA) will make decisions about my student's SSAT registration in reliance on the information that I provide in this Declaration.

I understand and acknowledge ALL of the following:

- The risk of exposure to COVID-19 exists in all places where people are present and when interacting with others both inside and outside enclosed buildings and spaces. This risk includes taking an SSAT Flex test at a school or in the office of an educational consultant.
- COVID-19 is an extremely contagious disease that can lead to severe illness and death for people exposed to the virus even when people take reasonable precautions to reduce the risk of exposure.
- The impacts of COVID-19, including state and local regulations and guidance intended to reduce the spread of the virus, vary significantly across the United States and around the world.
- I assume all risks related to the potential exposure to COVID-19 in the course of my student participating in the administration of the SSAT Flex test.
- I will comply with and ensure that my student complies with all local and state laws, regulations and guidance related to COVID-19 before, during, and after taking the SSAT Flex test administration. Although I understand that these laws, regulations and guidance will vary from place to place, I acknowledge that they may include but are not limited to the following requirements:
  - Wearing a cloth face mask that fully covers the mouth and nose at all times
  - Maintaining minimum physical distance between people
  - Ensuring that the number of people in any given space does not exceed a specified maximum
  - Abiding by travel restrictions
  - Self-quarantining upon potential exposure to COVID-19 or following travel from certain locations
  - Complying with stay-at-home orders
  - Submitting to body temperature screening
  - Submitting to COVID-19 testing
  - Self-reporting symptoms that could be related to COVID-19
- I will also comply with any additional requirements to reduce the risks related to COVID-19 imposed on me and my student by the school or education consultant where my student will participate in the SSAT Flex test administration. I understand that it is my responsibility to inquire with the test center prior to the scheduled date of the SSAT Flex test administration to ensure that I am aware of and understand any additional requirements to reduce the risks related to

COVID-19 and to ensure that my student is capable of complying with and will comply with all such additional requirements.

- I understand that if I or my student refuse to comply with any local or state law, regulation or guidance related to COVID-19 and/or any additional requirements imposed by the school or education consultant where my student will participate in the SSAT Flex test administration, that my student may be prohibited from participating in the SSAT Flex test administration or have the test administration terminated, without a refund, and may be prohibited from taking any SSAT for a period of time.
- SSAT Flex test administration may be one-on-one between the Test Administrator and the student, or may be in a small group. EMA makes no assurance of specific testing conditions and it is my responsibility to clearly communicate with the test center and understand all test location details before testing.
- My student is allowed to bring, keep in their possession, and use the following items throughout the test administration:
  - Mask or face covering
  - Hand sanitizer or sanitizing wipes

I agree that my student will NOT, under any circumstances, participate in any SSAT administration if my student is sick, has any flu-like symptoms, or has been in contact with anyone suspected of being exposed to COVID-19 in the fifteen (15) day period prior to the date of the SSAT administration. I understand that if my student appears at the test center with any symptoms of illness, that my student may be refused permission to test or sent home before completing the test if symptoms develop following the start of the test administration.

I understand and agree that EMA shall have no responsibility or liability whatsoever if my student or any person my student comes into contact with following participation in the SSAT Flex test administration, including but not limited to myself or any family member, contracts COVID-19 and/or any health condition or complication related to COVID-19. I am allowing my student to participate in the SSAT Flex test administration with complete knowledge and acceptance of all of the risks related to COVID-19.

Print and sign your name below to agree.

Parent/Guardian First & Last Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Student First & Last Name: \_\_\_\_\_

By signing my name above I declare that all information provided in this Declaration about my student is complete, truthful, and accurate in every respect and I agree to all of the terms contained in this Declaration.