

Buckeye Union High School District
Participation in Sport & Extra-curricular Activity Events 2020
COVID-19 Waiver, Release, and Assumption of Risk Form

On behalf of myself, my household members, and my minor child, _____, I hereby give permission for my child to participate in the following Sports/Activity Program and/or athletic events: _____ (“Sports/Activity Program”) at Estrella Foothills High School. My child and I are familiar with, and knowingly and voluntarily accept, any and all risks associated with participation in the Sports/Activity Program. I acknowledge that my child’s participation is wholly voluntary and is not part of any regular school curriculum.

I specifically assume all risks and hazards associated with my child’s participation in the Sports/Activity Program including, but not limited to, the risks associated with the novel COVID-19 virus. I acknowledge that while participating in sports, my child will associate with staff and may physically contact other children and/or shared equipment, and may contract COVID-19 (and other viruses and diseases), notwithstanding any precautions taken by the school. I further acknowledge that the school cannot absolutely control the conduct of all students, guarantee that students or their parents will follow safety protocols and procedures, or prevent infected students from potentially spreading COVID-19 to my child, directly or indirectly. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that the virus may subsequently be transmitted from my child to me, my family, and members of my household.

I certify that my child is in good health and has no fever. I understand that symptoms of COVID-19 include, but are not limited to, fever or chills, coughs, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea. My child currently has none of these symptoms, and I will notify the school and prevent my child from participating in the Sports/Activity Program if my child develops any of these symptoms, or if anyone in my household tests positive for COVID-19. I further certify that if my child experiences any of these symptoms, I will ensure that my child is symptom-free, without any medication, for ten (10) days before returning to the Sports/Activity Program. I will notify the school if my child tests positive for COVID-19, and my child and I will follow all COVID-19 protocols and procedures adopted by the District or school.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the school, the District, the District’s insurers, the District’s governing board, and all of their respective employees, agents, representatives, and volunteers (the “Released Parties”) arising from or relating in any way to any damage, injury, trauma, illness, loss, or death that may occur to my child, me, or my household members as a result of the COVID-19 pandemic.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys’ fees, if a suit is filed concerning an injury, illness, or death to me, my child, or my household members as a result of the COVID-19 pandemic.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____