## WAIVER OF LIABILITY AND HOLD HARMLESS FOR COMMUNICABLE

## **DISEASES INCLUDING COVID-19**

| Student Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    | <del></del>                                                                                                                                        |                        |
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| Grade:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Home Phone:                                                                                                        |                                                                                                                                                    |                        |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                    |                                                                                                                                                    |                        |
| Parent(s)/Guardian(s) Names:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    |                                                                                                                                                    |                        |
| Parent/ Guardian phone: Work:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Home:                                                                                                              | Other:                                                                                                                                             |                        |
| The novel coronavirus ("COVID-19"), has be Organization. COVID-19 is extremely contact. While rules, guidance, and person and death does exist. [Name School Districommunicable diseases like COVID-19 esp [sport or activity] includes possible expositional covid-19.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | gious and is believed to s<br>al discipline may reduce t<br>ct] ("District") cannot co<br>ecially when involved in | pread mainly from person-to-per<br>his risk, the risk of serious illness<br>mpletely mitigate the transfer o<br>[sport or activity]. Participation | s<br><u>of</u><br>n in |
| In consideration for providing my child the related transportation to and from [sport of waive and discharge any and all claims aga illness or injury from an infectious disease of the District or its employees or agents, the estates, our heirs, our administrators, our of the consideration of the consid | or activity] events, both minst District and release it including COVID-19, incluother the fullest extent allow    | y child and I voluntarily agree to<br>from liability for any exposure t<br>ding claims for any negligent act<br>ed by law, for myself, my child, o | o or                   |
| I also agree to release, exonerate, discharg<br>individual members thereof, and all officer<br>liability, claims, causes of action, or deman<br>medical costs) arising out of any exposure<br>COVID-19, which may result from or in con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | s, agents, employees, vol<br>ds, including attorney fee<br>to or illness or injury fron                            | unteers, and representatives fro<br>es, fines, fees, or other costs (e.g.<br>n an infectious disease including                                     | m al                   |
| I further certify and represent that I have the harmless the released parties on behalf of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _                                                                                                                  | _                                                                                                                                                  |                        |
| I certify that I have read this document in for the opportunity to participate in the [s voluntarily assume all risks of such hazard for any loss regardless of cause, and claim activity].                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | sport or activity], the abo                                                                                        | ve-named student and I freely a<br>uch, release District from all liab                                                                             | and<br>ility           |
| Student Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                    | Date                                                                                                                                               |                        |
| Parent/Legal Guardian Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    | Date                                                                                                                                               |                        |