INFORMED CONSENT AND WAIVER OF LIABILITY

In consideration of being allowed to participate in a high risk sport at the \_\_\_\_\_\_\_\_\_\_\_ School District, the undersigned acknowledge(s) that:

1. Participation in a sport may expose my child to COVID-19;
2. COVID-19 can lead to serious medical conditions and possibly death for people of all ages;
3. Symptomatic and asymptomatic individuals can spread the virus;
4. Masking, distancing, and other mitigation measures reduce, but do not eliminate risk;
5. At present, it cannot be predicted who will become severely ill if infected;
6. The long-term effects of COVID-19 are, at present, unknown; even people with mild cases may experience long-term complications;
7. There is a significant risk of transmission to those in the home of infected persons; and
8. As a condition to my/my child’s participation in a high risk sport, I will fully cooperate and participate in any COVID-19 contact tracing, case investigation and will adhere to any isolation or quarantine order;
9. I/my child will comply with all health and safety rules imposed by the \_\_\_\_\_ School District; and
10. Older people and people with underlying health conditions are at a higher risk of serious disease.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I/my child may be exposed to or infected by COVID-19 while participating in a high risk sport and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 by participating in a high risk sport may result from the actions, omissions, or negligence of the \_\_\_\_\_ School District, its officers, employees, agents, volunteers and others, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any COVID-19 related infection or injury to myself or my minor child (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I/my child may experience or incur in connection with my/my child’s participation in the practices, activities and competitions of a high risk sport.

I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the School District, its officers, employees, agents, volunteers and others, and program participants and their families.

I hereby release, covenant not to sue, discharge, and hold harmless the \_\_\_\_\_ School District, its officers, employees, agents, volunteers and others, and program participants and their families, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to any COVID-19 infection or injury due to my or my child’s participation in a high risk sport.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student-Athlete’s Signature If 18 or Older

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent Signature (Required)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date

Complaints regarding COVID-19 may be made to:

(833) 789-0470

or

https://labor.ny.gov/workerprotection/laborstandards/coronavirus-complaints.shtm