

Player's Name _____ Graduating Year _____

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have in many locations, prohibited the congregation of groups of people.

Vision Charter School has put in place protective measures to reduce the spread of COVID-19; however Vision Charter School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending activities on the campuses of Vision Charter School could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19. I voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending activities on Vision Charter School campuses 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 while on Vision Charter School campuses, may result from the actions, omissions, or negligence of myself and others, including, but not limited to Vision Charter School employees, classified staff, coaches, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance in activities or participation in Vision Charter School programming ("Claims"). On my behalf and on behalf of my children, I hereby release, covenant not to sue, discharge and hold harmless Vision Charter School, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Vision Charter School, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Vision Charter School Activity.

The safety of our employees, students, families and visitors remains Vision Charter School's priority. To prevent the spread of COVID-19 and reduce the potential risk of exposure to all parties, we are conducting a simple screening questionnaire with this waiver. Your participation is important to help us take precautionary measures to protect you, your child(ren) and everyone on campus.

Please circle your answer.

1. Has your child had close contact with or been diagnosed with COVID-19 within the last 14 days? **** YES**
NO
2. Has your child experienced any of the symptoms listed below in the last 14 day? **** YES** **NO** (fever, chills, cough, sore throat, respiratory illness, difficulty breathing, or loss of taste or smell)
3. If my child(ren) develop(s) any of the above symptoms I will keep them home, notify the coach and seek medical care to obtain a physician's note stating it is safe to return to participation. **YES** **NO**

****If the answer is "yes" to questions 1 or 2, access to campus activity will be denied until a physician's note is delivered to the Athletic Director or Athletic Trainer.****

Signature of Parent/Guardian _____

Print name of Parent/Guardian _____

Date _____