

WAIVER AND VOLUNTARY ASSUMPTION OF RISK

I am the parent of _____ (“my child”). I understand that Independent School District No. 2134 (“District”) offers summer athletic programs, and that participation in these programs is completely voluntary. I recognize and understand that participation in summer athletic programs involves inherent risks, including but not limited to the risk of contracting COVID-19 and the risk of physical injury or death. I also understand that these risks will exist despite careful planning and adequate supervision by the District. Knowing the inherent risks and dangers involved, I voluntarily assume those risks and grant permission for my child to participate in summer athletic programs offered by the District.

I hereby agree, represent, and warrant that my child shall not participate in or attend summer athletic programs if my child, myself, or anyone in my household: (i) experiences symptoms of COVID-19, including, without limitation, fever, cough, or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. I agree to notify the District immediately if my child, myself, or someone in my household believes that any of the foregoing restrictions may apply.

Knowing the inherent risks and dangers that are involved in the participation in summer athletic programs, I waive, release, and forever discharge the District and its current and former board members, officers, directors, employees, agents, insurers, and representatives from any and all liability, actions, claims, and demands for personal injury, sickness, death, or property loss arising out of or relating to my child’s participation in the summer athletic program. I further waive any right to bring any claims, demands, legal actions, or causes of action against the District, its board members, officers, directors, employees, agents, insurers, or representatives, unless they engage in gross negligence or willful misconduct that directly causes harm to my child.

Finally, I agree to hold the District and its board members, officers, directors, employees, agents, insurers, and representatives harmless from any and all claims, demands, or liabilities for injury, sickness, death, or loss of property arising out of or relating to my child’s participation in athletic programs.

I have read and understand the terms of this Waiver and Voluntary Assumption of Risk Agreement and agree to its terms.

Dated: _____

Signature of Parent