

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

In consideration of being allowed to use St. Francis Area Schools facilities, on behalf of _____ recreational/athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. _____ recreational/athletic program KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for participation; and,
3. _____ recreational/athletic program willingly agrees to comply with the stated and customary terms and conditions (COVID 10 Safety Plan) for participation as regards protection against infectious diseases. If, however, _____ recreational/athletic program observe and any unusual or significant hazard during presence or participation, _____ recreational/athletic program will remove participant from activity and bring such to the attention of the nearest official immediately; and,
4. _____ recreation/athletic program and any heirs, assigns, personal representatives and next of kin HEREBY RELEASE AND HOLD HARMLESS St. Francis Area Schools, their board, officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law. _____ recreation/athletic program HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT _____ recreation/athletic program HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of facility user: _____

Responsible party signature: _____ Date signed: _____

Community Education programs will be open in compliance with State and Federal guidelines during this global pandemic and public health emergency. Please be advised that participant compliance with programming expectations for hygiene, health and safety must be followed. Community Education programs will take an abundance of care for all Participants but acknowledge that a potential risk for health and safety exists due to the COVID-19 pandemic.