

Parent/Guardian Agreement and Consent and Assumption of the Risk and Waiver of Liability Relating to COVID-19*

The novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is 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 people.

I am aware of the continuing existence of the nationwide COVID-19 pandemic and the highly contagious nature of the virus. I understand that my child's/the student's participation in the activities will sometimes, inadvertently, cause my student to be in close proximity to other students and staff, raising the risk of infection and possibly serious illness or death, from such participation. I understand that the staff will undertake precautionary measures, including implementation of preventative guidelines from the CDC, LHSAA and the Louisiana Department of Education in an attempt to reduce the spread of COVID 19; however, **there is no guarantee** that my student will not become infected with COVID-19. Furthermore, attending workouts and sports activities may increase my student's risk of contracting COVID-19.

On behalf of myself and my child, I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or myself (including, but not limited to, personal injury, infection, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child may experience or incur in connection with my child's participation in fall workouts and activities ("Claims").

On behalf of myself and my child, , I hereby release, covenant not to sue, discharge, and hold harmless the APSB, its employees, agents, and representatives, free from any and all Claims, including all claims for injuries, disease, infection, 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 APSB, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in middle school sports and activities.

Severability. Should any provision of this Agreement be held invalid by any court of competent jurisdiction, such invalidity shall not affect any other provision of this Agreement that can be given effect without the invalid provision; and, to this end, the provisions are severable.

Read each statement and initial in the space provided:

I have read and agree to all of the foregoing terms and conditions of this Agreement and Consent.
I am signing this Agreement and Consent voluntarily and knowingly. I am not under any duress of
threat. I have had the opportunity to review this Agreement and to seek the advice of an attorney prior to
signing it. I am fully aware that I am waiving rights to file a lawsuit or claim against the APSB and its
employees.

I acknowledge the contagious nature of COVID-19. I voluntarily assume child/student and I may be exposed or infected by COVID-19 by attending and pa activities.	<u> </u>
I voluntarily agree to assume all of the foregoing described risks. I acceptor any injury to my child/student or myself.	et full responsibility
I understand that the CDC's definition of a "vulnerable individual" are the health conditions, including high blood pressure, chronic lung disease, diabetes, of whose immune systems are compromised such as by chemotherapy for cancer and such therapy. I further understand that it is highly recommended that if my student individual" that I should seek the advice and clearance of a physician prior to allow participate in middle school athletic workouts and activities.	bbesity, asthma, and those d other conditions requiring at identifies as a "vulnerable"
I understand that any participation in athletic practice and sporting event that participation is my choice. I understand that I assume all liability and risk froparticipate.	•
I have read and understand the guidelines set forth in the Middle School	Sports Guidelines.
I understand that I have the continuing obligation to communicate any exby my child to my child's/student's coach.	exposure to COVID-19
I understand that my child/student must complete the health screener each practice or sporting events. If my child/student exhibits any of the symptoms of Garanties and the questions on the student health screener, my student will not shall remain home.	COVID-19 and/or answers
I agree to indemnify, defend, and hold harmless the APSB and its employ claims and liability arising out of this Agreement or my child's participation in an including claims arising by my child's participation in the program.	
I understand the highly contagious nature of COVID-19 and the inherent consent to my student's participation in athletic activities and assume the risk of the exposure to and infection from COVID-19 as a result thereof.	
Parent/Guardian Signature	Date
Print Name:	
I have read this form, understand its contents, and consent to my participation und	ler the conditions stated.
Student Signature	Date
Drint Nama:	

^{*}If you have more than one student, a separate waiver must be completed for each student.