

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19
ASSUMPTION OF RISK / WAIVER OF LIABILITY**

I understand that the novel coronavirus ("COVID-19"), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is considered to be highly contagious and can result in a range of symptoms which include, but are not limited to fever, shortness of breath, fatigue, loss of taste or smell, and nausea or vomiting. These symptoms can be mild or severe, sometimes resulting in death. COVID-19 is particularly dangerous for anyone with underlying health conditions or the elderly. For additional information on COVID-19, please visit: <https://www.cdc.gov/coronavirus/2019-ncov/index.html> . I acknowledge that COVID-19 is primarily spread by person-to-person contact through respiratory droplets. These droplets can be released into the air when an infected person breathes, coughs, sneezes or talks. The droplets can be inhaled by another person, land in their nose or mouth, or land on a surface that is later touched by another person. A person does not have to be showing signs of illness in order to spread this virus. I understand that the risk of person-to-person spread of the virus is increased by close physical contact, rapid breathing, and the release of bodily fluid (sweat, spit, vomit, or other bodily fluid). I acknowledge that participation in sporting events and athletic training can result in the above listed actions and could increase the risk of transmitting COVID-19.

Beaufort County School District (the "District") has put in place preventative measures to reduce the spread of COVID-19; however, the District cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending and/or participating in any school-related activity within the District's schools could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge that I understand the risks related to COVID-19 and understand that the risk of contracting COVID-19 is increased by participation in athletic training and events. I further understand that my child's continued participation as part of the athletic team is not contingent upon their participation in this current training. I voluntarily assume the risk of my child, _____ (name of child), to participate in athletic training related to all sports at _____ (name of school) in the District. I acknowledge that my child(ren) and I may be exposed to or infected by COVID-19 by attending and/or participating in sports related activities in connection with the District's schools and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that my child(ren)'s attendance and/or participation school related activities within the District's schools is completely voluntary. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself, my child(ren) and others, including, but not limited to, the District's employees, volunteers, and other 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 and/or participation in school related activities at the District's schools ("Claims"). I and my child(ren) willingly agree to comply with the preventative measures and conditions for attendance and participation in school related activities for protection against the spread of COVID-19.

On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the District, 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 the District, its employees, agents, representatives, and the Board of Education whether a COVID-19 infection occurs before, during, or after participation in any school related activities.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Parent/Guardian: _____

Date: _____

Printed name of Parent/Guardian: _____

Printed name of Student: _____

School: _____