WAIVER AND RELEASE OF CLAIMS

By signing below, I, the undersigned, expressly agree and understand that my child:_____ is participating in the School District of Abbotsford's community educational or recreational activities, specifically, _____, at his/her own risk. I understand the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). Further, I acknowledge that COVID-19 cases have been confirmed in Clark and Marathon Counties and other surrounding counties. In accordance with guidance issued by the WHO, the United States Centers for Disease Control and Prevention (CDC), and the Wisconsin Department of Health Services (WDHS), for slowing the transmission of COVID-19, I hereby agree, represent, and warrant that the my child shall not enter District property and engage in the foregoing activities within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. I agree that I am aware of the CDC Travel Health Notices list (https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html) and agree to check this list prior to signing this waiver. I hereby agree, represent, and warrant my child will not enter District property and participate in the foregoing activities if he/she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough, or shortness of breath, or (ii) has a suspect or diagnosed/confirmed case of COVID-19.

The School District of Abbotsford has taken reasonable steps to implement recommended guidance and protocols issued by Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the restrictions set forth above. I understand the inherent dangers for exposure to COVID-19 and other injuries while engaged in the foregoing activities on District property, which could result in quarantine requirements, serious illness, disability, and/or death and hereby assumes full responsibility for, and risk of, illness, bodily injury, or death. Having read and understood the above warning, I recognize the importance of reviewing and following the guidance issued by the WHO, CDC, and WDHS, as well as the District's policies and procedures related to same. By signing this agreement, I agree to be responsible for my child's personal safety and hygiene while engaged in the foregoing activities on District property and abide by District rules and procedures related to social distancing and use of personal protective equipment (PPE), including, but not limited to face masks or shields.

Having read the above warning and having understood the dangers and potential risks involved with participating in the foregoing activities, I give my consent as the parent/legal guardian of my child, to participate in the foregoing recreational activities. I further agree to hold the School District of Abbotsford, its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of my child's engagement in the aforementioned activities on District property. Further, I agree to indemnify any of the aforementioned persons and/or entities to the extent of any damage claims, including attorney fees, which arise or may arise out of my child's activities on District's property.

I hereby certify that I have read the above provisions and agree to abide by the terms of this Agreement.

_____	_____
Parent Signature Date	Parent Signature Date
_____	_____
Parent Name (Printed)	Parent name (Printed)