



**STUDENT-ATHLETE PRACTICE PROTOCOLS,  
PARENT WAIVER, RELEASE FORM,  
AND INFORMED CONSENT FOR  
2021-2022 ATHLETIC COMPETITION**

**FOR STUDENTS:**

I, \_\_\_\_\_ (Printed Name of Student) agree to abide by the following practice and athletic competition protocols, which I have reviewed prior to engaging in the VUSD’s 2021-2022 athletic practices and competitions.

1. I understand activities will now involve sports specific practices and competitions while adhering to safety protocols.
2. I understand all practices and competitions are optional and I assume the risk for participating in them. I understand I will not be penalized for not participating.
3. I will maintain all required physical distancing from students and coaches at all times, except during competitions.
4. I will wear my mask correctly, when required, while at practice and or competition.
5. I recognize that I need to bring my own hydration products as shared water bottles are not allowed, therefore, I will not share my water or hydration with anyone else.
6. I will arrive dressed for activities. I recognize that I am encouraged to shower at home before and after sessions.
7. I understand that if I experience any COVID-19 related symptoms, I will not attend. This includes fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, etc. I understand that if I exhibit these symptoms or pretend to exhibit these symptoms, I will be sent home and not allowed to return until cleared by a medical provider or complete the mandatory isolation period. Should I have close contact with a COVID positive individual, I may be placed in a quarantine and not allowed to attend practice or competition.
8. I understand that only student participants/athletes, teachers, and coaches will be allowed to attend practices. I will not invite parents or other individuals to attend and/or watch practices. I also understand and will abide by all VUSD competition spectator requirements for my sport.
9. I acknowledge that these expectations may change based on VUSD, state and county health guidelines and related requirements. I agree to adhere to these expectations as they may be modified.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR PARENTS:**

As the parent/guardian of the above-named child and on behalf of myself and my child, agents, heirs, and successors, I voluntarily agree to: (1) assume all risks of injury, illness, or death to my child arising out of or resulting from my child’s participation in and/or attendance at the above-stated program or activity, such risks to include but are not limited to, injury, illness, or death due to being exposed to or infected by contagious diseases, including COVID-19; (2) acknowledge that my child’s participation in the above-stated program or activity is voluntary and I assume full responsibility for my child’s participation (3) waive and release all claims, causes of actions, actions, liabilities, and costs against the Visalia Unified School District (District) and its governing board and members thereof, officers, employees, agents, and volunteers (collectively District Personnel) and hold harmless the District and District Personnel from any claims, causes of actions, actions, liabilities, and costs that may arise out of or result from my child’s participation in or attendance at such program or activity; (4) assume all obligations for any medical, financial, and other costs and/or liabilities that be sustained or incurred by my child, myself, or my agents, heirs, and/or successors; and (5) acknowledge this waiver and release is made notwithstanding section 1542 of the California Civil Code which provides: “A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor” and therefore, I expressly waive the benefits of this provision. The District assumes no responsibility and shall not be liable for any injury, illness, death, liabilities, damages, or costs that my child, myself, my agents, heirs, and/or successors may sustain or incur arising out of or resulting from the aforementioned program or activity.

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_