

Episcopal Collegiate School Athletic Participation Requirement

Acknowledgement of Risk

In consideration of being allowed to participate in The Episcopal Collegiate School Athletic Program and related events and activities, the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in activities which involve the risk of injury or death. The injury could be serious or catastrophic, including permanent disability.
2. Assume all the foregoing risks and accept personal responsibility for damages following such injury, permanent disability, and/or death.
3. I am acknowledging that the parents/guardians are expected to provide medical insurance for their child. In the case of an injury the parent's insurance will cover medical costs.

Athlete Signature

Date

Release of Liability

I, as a parent or guardian of _____, hereby give permission for my child
(Student / Participant Name - Print)

to participate in The Episcopal Collegiate School Athletic Program and its related events and activities. I acknowledge the fact that he/she is participating in sports activities which could involve the risk of serious injury or death. I hereby authorize the certified athletic trainers, coaches, and other employees of Episcopal Collegiate School to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I will be responsible for any cost incurred due to sickness or injury to my son or daughter. I hereby waive any claim that I or my child may have, now or in the future, against Episcopal Collegiate School and its employees, from any and all claims, expenses, liability, costs or fees (including attorney fees) which arise from or are related to my child's participation in the athletic program and its related events and activities.

Further, the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely 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 groups of people. While Episcopal Collegiate School has put in place preventative measures to reduce the spread of COVID-19; however, it cannot guarantee that your son or daughter will not become infected with COVID-19. Further, participating in sports activities may increase your son or daughter's risk contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my son or daughter may be exposed to or infected by COVID-19 by participating in sports activities at Episcopal Collegiate School and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 by participating in sports activities at Episcopal Collegiate School may result from the actions, omissions, of my son or daughter and others, including, but not limited to, Episcopal Collegiate School, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my son or daughter 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 son or daughter may experience or incur in connection with my son or daughter's participation in sports activities at Episcopal Collegiate School on my behalf, and on behalf of my son or daughter, I hereby release,

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covenant not to sue, discharge, and hold harmless the Episcopal Collegiate School, 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 or omissions of the Episcopal Collegiate School, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in sports activities at Episcopal Collegiate School.

Parent/guardian acknowledges, warrants and represents that:

1. Parent/guardian has read this Agreement;
2. Parent/guardian was represented in the execution of this Agreement by legal counsel of their own choice or had the opportunity to retain legal counsel in the execution of this Agreement;
3. Parent/guardian understands the terms and consequences of this Agreement and of the releases set forth herein;
4. Parent/guardian is fully aware of the legal and binding effect of this Agreement, and signs the same of their own free will; and
6. Parent/guardian undersigned declare that they have read this document and understand its terms and freely enter into this Agreement.

Parent /Legal Guardian (signature / relationship)

Date

Acknowledgement of Responsibility

The Episcopal Collegiate School concession stand is open at many athletic events and revenue generated from the concession stand helps to fund the athletic program of the School. This concession stand is made possible by the work of parent volunteers. As the parent/guardian of a participating student/athlete in Lower, Middle or Upper School, I acknowledge that it is my family's responsibility to volunteer to work the concession stand for a minimum of two (2) shifts per season of participation. I understand volunteering at events other than that of my child, also count towards the minimum shifts.

Parent /Legal Guardian (signature)

Date