

# LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION

12720 Old Hammond Highway

Baton Rouge, LA 70816

## PARENTAL RELEASE AND ACKNOWLEDGEMENT OF RISK

The LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION (LHSAA), in an effort to continue its promotion and development of student-athletes in the State of Louisiana during these difficult times and special circumstances, hereby offers the following release and acknowledgement to parents as a prerequisite to participation in athletic competition, conditioning and training. An affirming signature will be required on behalf of all student-athlete participants.

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, do affirm and acknowledge each of the following, free of coercion from any source or origin:

1. I am aware that my child has not obtained a physical examination and is desiring to engage in summer athletics, conditioning and training. I further understand that an annual physical examination is recommended for all student-athletes.
2. I am aware of no medical condition, illness, injury and/or disorder that would preclude his/her full participation in athletic competition, training, and/or conditioning.
3. I am not aware of and have no reason to believe that his coaches are aware of any such medical condition, illness, injury, and/or disorder that would preclude his/her full participation in athletic competition, training, and/or conditioning.
4. I will immediately advise the head coach and any other associated personnel should I become aware of any condition, illness, injury, disorder, and/or other reason why my child should not participate in athletic competition, training and/or conditioning.

Accordingly, I hereby request that \_\_\_\_\_ (High School) allow my child to participate in athletic competition, training, and conditioning without restrictions, and I do hereby release the LHSAA, school district, school, its employees, contractors, insurers, and/or assigns from any claims arising out of the absence of an updated physical examination by a qualified physician. I understand and acknowledge the risks associated therewith.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2020

\_\_\_\_\_ (parent/guardian signature)

Printed name of parent/guardian \_\_\_\_\_

Printed name of student \_\_\_\_\_



### WAIVER OF LIABILITY AND HOLD HARMLESS FOR COMMUNICABLE DISEASES INCLUDING COVID-19

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Parent/Guardian phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

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. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. Jefferson Parish Schools ("District") cannot completely mitigate the transfer of communicable diseases like COVID-19 especially when involved in [FILL IN SPORT OR ACTIVITY HERE]. Participation in [FILL IN SPORT OR ACTIVITY HERE] includes possible exposure to and illness, injury, or death from infectious diseases including COVID-19.

In consideration for providing my child the opportunity to participate in \_\_\_\_\_, both my child and I voluntarily agree to waive and discharge any and all claims against District and release it from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of the District or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless the District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my child's participation in \_\_\_\_\_.

I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.

I further certify that I have read and understand the attached District regulations relative to my child's participation in \_\_\_\_\_ and I agree to abide by these regulations and to make every effort to ensure that my child also abides by these regulations.

I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in the \_\_\_\_\_, the above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release District from all liability for any loss regardless of cause, and claims arising from the student's participation in the \_\_\_\_\_.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date