



TRANSPORTATION
COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION
AGREEMENT

Parent/Legal Guardian's Name: _____

Student's Name: _____

Activity: Student Transportation

I understand and agree as set forth below.

1. The District, its governing board, officers, agents, employees, volunteers, and representatives (collectively "Released Parties") shall not be liable for any injury or illness suffered by my son/daughter which is related to or arises out of preparing for and/or participating in this Activity, and to the fullest extent allowed by law, on behalf of my child and myself, I voluntarily assume all known and unknown risks of injury or illness, howsoever caused, even if caused, in whole or in part, by the action or inaction of the Released Parties;
2. Participation in Activity includes possible exposure to, illness, and death from infectious diseases including, but not limited to, methicillin-resistant Staphylococcus aureus (MRSA), influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
3. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child's participation;
4. I willingly agree to comply with the stated and customary terms and conditions for participation as they relate to protection against infectious diseases. I have reviewed the most recent directives from the Centers for Disease Control (CDC), the California Department of Public Health and Lake County Health Services regarding the risks associated with COVID-19 exposure and safe practices to follow, which have been provided to me by the District. I have informed and discussed the dangers of participation in Activity and the required rules and regulations to allow participation in Activity with my child;
5. To the fullest extent permitted by law, I, for myself, and on behalf of my child, heirs, assigns, and representatives hereby release and hold harmless the Released Parties with respect to any and all illness, injury, disability, death, of my child related to or arising out of preparing for and/or participating in the Activity.

I HAVE READ THIS WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.

Parent/Guardian signature: _____ Date signed: _____