



Athletic/Activity Participation 2021-22

Waiver, Release, and Assumption of Risk Form

On behalf of my household members, myself, and my student, _____, I hereby give permission for my student to attend camps, clinics, practices, and competitions in and out of the Paradise Valley Unified School District (PVUSD). My student and I are familiar with, and knowingly and voluntarily accept, any and all risks associated with attending camps, clinics, practices and competitions at a school campus or competition venue. I acknowledge that my student's participation in this program is voluntary and is not part of any regular school curriculum.

I specifically assume all risks and hazards associated with my student's participation including, but not limited to, the risks associated with the novel COVID-19 virus. I understand that my student will be associating with staff and other students and may contract COVID-19, and other viruses and diseases, through my student's participation. Although students and staff may have their temperatures taken and may be asked symptom questions prior to daily participation, that precaution is not nearly adequate to prevent the spread of COVID-19 given, among other things, the relatively long incubation period, and the fact that many infected persons are asymptomatic. I understand and voluntarily assume the risk that my student may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my student to me, my family, and other members of my household.

While instruction and reasonable supervision will be provided, staff cannot ensure my student's safety. Accidents and injuries happen, and it is impossible to eliminate the risk that my child will suffer an injury or illness.

I certify that my student is in good health, has no fever, and has no current issues that make it unsafe for my student to participate in activities, which may not have a medical professional on staff. I will notify the school and not send my student to participate if my student develops a fever or illness or tests positive for COVID-19. I acknowledge that my student and I are responsible for ensuring that he or she takes any necessary medication, and for avoiding any allergies. In the event of a medical emergency, 911 will be called and I will be responsible for any and all costs of medical treatment.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the school, the school district, its insurers, the district's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, unwanted contact, harassment, disability, dismemberment, or death that may occur to my student, me, or my household members—whatever the cause—due to my student's participation. This includes, without limitation, any claim arising from the negligence of the Released Parties.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my student, or my household members resulting from participation.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature _____ Date _____