

## Participation in Athletics

As the parent/ legal guardian I authorize my child's full participation in athletics in the Raymond School District and acknowledge that participation in athletics is completely voluntary. I further understand that my or my child's failure to comply with the guidelines established by the Raymond School District regarding safety, including guidelines related to limiting the spread of COVID-19, or to comply with the instructions of coaches and trainers regarding such guidelines, will result in my child's removal from participation in athletics in the Raymond School District.

### **Assumption of Risk and Medical Clearance**

I agree and understand that participating in athletic activities with other students carries inherent risks including potential exposure to or contraction of COVID-19 or other infectious diseases, injuries (whether severe or minor), permanent damage, or even death. This assumption of risk includes participation in the athletics program on or off the campus of the Raymond School District, and includes the risks associated with participation in athletics during the COVID-19 pandemic. My child is covered with family insurance in the event of an accident or injury. I attest my child is in good health and has no restrictions covering participation in athletics, including any symptoms of COVID-19. I agree that if my child experiences any symptoms related to COVID-19, including cough, shortness of breath or difficulty breathing, nasal congestion, fatigue, fever, chills, muscle aches, headaches, sore throat, nausea or vomiting, diarrhea, and/or loss of taste or smell, my child will not participate in athletics until their symptoms have cleared and they produce a negative test for COVID-19.

I agree and understand there are specific guidelines in place in order to participate in athletics and understand that even if coaches, trainers, and students follow these guidelines, the Raymond School District cannot guarantee that athletes will not contract COVID-19 while participating in athletics.

### **Release Waiver**

In consideration for my child's participation in athletics in the Raymond School District, I, (for myself and on behalf of my minor child), agree to forever release and discharge the Raymond School District and all staff/employees from, and agree not to sue for any and all liability or claims I (or my child) may have for any causes of action, liability, losses, or damages arising or resulting from property damage and loss, personal injury, emotional distress, illness, disability, or death, related to my child's participation in athletics, including participation in athletics during the COVID-19 pandemic. This release is for any type of claim, including breach of contract, negligence, fraud, or any other type of suit and includes losses alleged to be caused by the negligence of the Raymond School District and all staff/employees, to the fullest extent permitted by law but does not include claims for intentional wrongdoing.

Student-Athlete Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

\*No student-athlete will be allowed to participate until this form is returned to the coach.