

Higley Unified School District
Summer Training 2020
Waiver, Release, and Assumption of Risk Form

On behalf of myself, my household members, and my minor child, _____, I hereby give permission for my child to attend summer training at _____ . My child and I are familiar with, and knowingly and voluntarily accept, any and all risks associated with attending summer training at a school campus. I acknowledge that my child's participation in this program is wholly voluntary and is not part of any regular school curriculum.

I specifically assume all risks and hazards associated with my child's participation in the training including, but not limited to, the risks associated with the novel COVID-19 virus. I understand that my child will be associating with staff and other children and may contract COVID-19, and other viruses and diseases, through my child's participation in the camp. Although the children and staff may have their temperatures taken upon entering the camp, 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 child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household.

While instruction and reasonable supervision will be provided, staff cannot ensure my child'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 child is in good health, has no fever, and has no current issues that make it unsafe for my child to participate in the training, which may not have a medical professional on staff. I will notify the school and not send my child to the camp if my child develops a fever or illness or tests positive for COVID-19. I acknowledge that my child 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 child, me, or my household members—whatever the cause—due to my child's participation in the training. 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 child, or my household members resulting from participation in the training.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____