

Indiana High School Athletic Association, Inc.

2020-21 HEALTH HISTORY UPDATE
QUESTIONNAIRE
And
CONSENT & RELEASE CERTIFICATE



HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School: _____

To participate in Practices and Contests in IHSAA Recognized Sports during the 2020-21 school year on a school-sponsored team, a student who had a prior pre-participation physical examination completed and such examination was completed more than 90 days prior to the first day of official Practice for the student's sport, may, in lieu of having a 2020-21 Pre-Participation Physical Examination form completed, provide this Health History Update Questionnaire, completed and signed by the student's parent or guardian, or by the emancipated student. Provided, should any question on this Questionnaire be answered in the affirmative ("Yes"), then the student must have a 2020-21 Pre-Participation Physical Examination form completed.

Student _____ Age _____ Grade _____

Date of Last IHSAA Pre-Participation Physical Examination _____

Since the last pre-participation physical examination, has your son/daughter:

- | | |
|--|----------------|
| 1. Been medically advised not to participate in a sport? | Yes ___ No ___ |
| 2. Been diagnosed with COVID-19? | Yes ___ No ___ |
| 3. Sustained a concussion, been unconscious or lost memory from a blow to the head? | Yes ___ No ___ |
| 4. Fainted or "blacked out?" | Yes ___ No ___ |
| 5. Experienced chest pains, shortness of breath, "racing heart" or had any heart issues? | Yes ___ No ___ |
| 6. Had a history of unusual fatigue or unusual tiredness? | Yes ___ No ___ |
| 7. Been hospitalized or had surgery? | Yes ___ No ___ |

Undersigned, a parent of a student, a guardian of a student or an emancipated student, verifies the information in this Questionnaire, acknowledges that a 2020-21 pre-participation physical examination (rule 3-10) is not required for a student who had a 2019-2020 Pre-Participation Physical Examination form completed, and with such knowledge, has elected not to have the student undergo a pre-participation physical examination and has assumed all responsibility for student's participation in Practices for and in Contests in IHSAA Recognized Sports during the 2020-21 school year without having a pre-participation physical examination.

Date: _____ Parent/Guardian/Emancipated Student _____

Printed _____

CONSENT & RELEASE CERTIFICATE

I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules and know of no reason why I am not eligible to represent my school in athletic competition.
- B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, illness and even death, is a possible result of such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury, illness or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: _____ Student Signature: (X) _____
Printed: _____

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports *not marked out*:
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.
Unified Sports: Unified Flag Football, Unified Track & Field
- B. Undersigned understands that participation may necessitate an early dismissal from classes.
- C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
- D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, illness and even death, is a possible result of such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury, illness or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
- G. Please check the appropriate space:
 The student has adequate family insurance coverage. The student does not have insurance.
 The student has football insurance through school.

Company: _____ Policy Number: _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with custody must sign)

Date: _____ Parent/Guardian/Emancipated Student Signature (X) _____

Printed: _____

Date: _____ Parent/Guardian/Emancipated Student Signature (X) _____

Printed: _____

Principal
Cindy Long

Athletic Director
Ed Niehaus

Assistant Principal
Trisha Hartman
Martin Hale

Frankfort High School

One South Maish Road
Frankfort, IN 46041-2825
Main: 765-654-8545 AD: 765-659-6255
Website: fhs.frankfortschools.org
Athletic Website: hotdogsathletics.com

Guidance Counselors
Amy Hickson
Callie Evans

Athletic Secretary
June Palmer

SPORTS AND EXTRACURRICULAR ACTIVITIES

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration for receiving permission to participate in sports and extracurricular activities (collectively, "the Activities") at Community Schools of Frankfort, I, on behalf of any minor child/children for whom I have the capacity to contract, hereby acknowledge and agree to the following:

1. I understand the hazards of the novel coronavirus ("COVID-19") and am familiar with the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19, as well as those issued by my local health department. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates.
2. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to grant my child permission to participate in the Activities.
3. I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my child's participation in the Activities and hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** (on behalf of myself and any minor children from whom I have the capacity contract) Community Schools of Frankfort, its board of trustees, administration, teachers, faculty, staff, coaches, representatives, officers, directors, agents, employees, assigns, and other representatives (the "RELEASEES") from any liability related to COVID-19 which might occur as a result of my child participating in the Activities.
4. If applicable to my child, I understand that certain contact sports that involve close, sustained contact between participants, lack of significant protective barriers, and high probability that respiratory particles will be transmitted between participants pose an even greater risk of infection of COVID-19 and resultant illness or death therefrom. I acknowledge and fully understand that some contact sports pose a **higher** risk of infection of COVID-19, including but not limited to wrestling, football, lacrosse, competitive cheer, and dance.

I further acknowledge and fully understand that some contact sports pose a **moderate** risk of infection of COVID-19 because they involve (1) close, sustained contact, but can utilize protective equipment that may reduce likelihood of respiratory particle transmission between participants; (2) intermittent close contact; (3) group activity; or (4) equipment that cannot be cleaned between participants. Moderate risk sports include but are not limited to basketball, volleyball, baseball, softball, soccer, water polo, gymnastics, ice hockey, field hockey, tennis, relay swimming, group track and field events, track and field events using shared equipment, and crew.

I further acknowledge and fully understand that some contact sports pose a **heightened** risk of infection of COVID-19, even though (1) they can be performed while socially distancing or individually with no equipment sharing, or (2) the equipment used can be cleaned between competitors. Heightened risk sports include but are not

limited to individual running events, individual track and field events, individual swimming, golf, weightlifting, alpine skiing, sideline cheer, and cross country running with staggered starts.

5. I shall release and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys' fees, costs and disbursements, whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the infection of COVID-19.

6. It is my express intent that this Waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a **RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE** the above-named RELEASEES. This Agreement and the provisions contained herein shall be construed, interpreted and controlled according to the laws of the State of Indiana. **I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES AND PARTICIPATE IN THE ACTIVITIES.**

7. I acknowledge and agree that I am executing this Waiver and Hold Harmless Agreement knowingly and voluntarily. I further acknowledge and agree that I am giving up legal rights by executing this Waiver and Hold Harmless Agreement.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

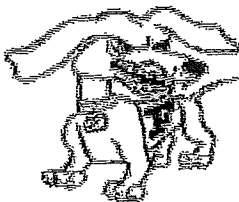
IN WITNESS WHEREOF, I have signed this Waiver and Agreement under seal on this _____ day of _____, 2020.

Name of child:

Activity/-ies:

Signature of Parent:

Printed:



"Commitment to Excellence"