

Burke High School

ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATED TO COVID-19/CORONAVIRUS

PLEASE READ CAREFULLY AND ENTIRELY BEFORE SIGNING

I understand that COVID-19 (Coronavirus) has been declared a worldwide pandemic by the World Health Organization. COVID-19 is considered to be extremely contagious and can result in a range of symptoms which include but are not limited to fever, shortness of breath, fatigue, loss of taste or smell, and nausea or vomiting. These symptoms can be mild or severe, sometimes resulting in death. COVID-19 is particularly dangerous for anyone with underlying health conditions or the elderly. For additional information on the spread and effect of COVID-19 please visit: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

I acknowledge that COVID-19 is primarily spread by person-to-person contact through respiratory droplets. These droplets can be released into the air when an infected person breathes, coughs, sneezes or talks. The droplets can be inhaled by another person, land in their nose or mouth, or land on a surface that is later touched by another person. A person does not have to be showing signs of illness in order to spread this virus. I understand that the risk of person-to-person spread of the virus is increased by close physical contact, rapid breathing, and the release of bodily fluid (sweat, spit, vomit, or other bodily fluid). I acknowledge that participation in sporting events and athletic training can result in the above listed actions and could therefore, increase the risk of transmitting COVID-19.

By signing this Agreement, I acknowledge that I understand the risks related to COVID-19 and understand that the risk of contracting COVID-19 is increased by participation in athletic training and events. I voluntarily assume the risk of allowing my child, _____ (name of child), to participate in athletic training related to _____ (name of sport) at Burke High School. I voluntarily agree to assume all risks and accept sole responsibility for any injury or illness, up to and including permanent disability or death, for my child and/or myself and others we come into contact with. On behalf of myself, my child, and any successor guardian of my child, I hereby release, covenant not to sue, and agree to hold harmless Burke High School, the coaches, athletic trainers, administrators, Board of Trustees, and all other individuals employed by Burke High School for any and all claims, liabilities, damages, costs or expenses, related to any injury or illness resulting from my child's participation in athletic training and events, specifically including the contraction of COVID-19. I understand that this release includes any claims based on the actions, omissions, or negligence of Burke High School or its employees.

By signing this Agreement, I acknowledge that I have read the foregoing fully and understand the contents of the Agreement. I acknowledge the risks associated with participation in athletic training and events and the possible contraction of COVID-19 and wish for my student to participate in athletic training and events at Burke High School.

Parent's Signature

Printed Name of Parent

Printed Name of Student

Date

