



INFORMED CONSENT FOR PARENTS OF MINORS
UNDERSTANDING AND ACHKOWLEDGMENT OF RISKS FOR STUDENT PARTICIPATION IN
ATHLETICS

On behalf of myself and my minor child enrolled in the _____ school district, as the parent or legal guardian, I fully understand, acknowledge and agree to the following:

Covid-19 is a contagious disease, and new variants (mutations) of the original virus may be more contagious or more likely to cause serious outcomes.

My child's ("Student") participation in Athletics, which is completely voluntary, increases the Student's chances of acquiring Covid-19 infection to the Student, as well as to household members and other close contacts of the Student.

Each of the following Sports-related factors increases that risk:

- engaging in Athletic activity when not wearing a mask or other face covering;
- increasing levels of contact between participants, which include: short distances, face-to-face contact, and frequency and total duration of close contact;
- greater exertion levels, which increase rate and quantity of aerosol exhaled with every breath;
- mixing of cohorts and groups, particularly from different communities, schools or districts, whether during or outside of sports play;
- and playing more than one sport simultaneously during any one season (whether a school- or club-sponsored sport), also increases the chances that "Student" will become infected and infect multiple others.

By signing this document below, I affirm that:

- I am the parent/legal guardian of the Student named below, who is a minor child, and that I am requesting this Student be able to participate in Athletic activities.
- I acknowledge that I have read and understand all of the statements above.
- I voluntarily assume all risks that the Student may be exposed to COVID-19 virus and may be infected by the COVID-19 virus as a result of participation in Athletic activities and that such infection may result in illness or disease which may lead to permanent injury or death.
- I voluntarily assume all risks that this Student, if exposed to the COVID-19 virus, may infect a household member and other close contacts of the Student, and that this may result in that contact becoming ill or diseased, that may lead to permanent injury or death.
- By opting to allow the Student to participate in Athletics, I affirm the Student and parent/guardian will abide by any health and safety protocol that the District may require such as: requiring students to wear masks that completely cover the nose and mouth (including during active play), periodic testing for the virus, limiting spectators to sport-related activities, limiting ride-sharing and other close contact that can occur before and after an Athletic activity, distancing protocols, restroom protocols, snack/beverage protocols, daily screening (for temperature and Covid-19 like symptoms), and practicing of healthy hygiene.

Name of Sport(s) Approved: _____ (e.g., football, cheerleading)

Signature of Parent and/or Legal Guardian _____ Date: _____

Printed Name of Parent and/or Legal Guardian: _____

Signature of Student: _____ Date: _____.

Printed Name of Student Athlete: _____