

# Eatonville High School

Home of the Cruisers

P.O. Box 699 • 302 Mashell Avenue • Eatonville, WA 98328  
www.eatonville.wednet.edu/ehs

Main Office - 360.879.1200  
Guidance Office - 360.879.1212  
FAX - 360.879.1284

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ P/G Phone: \_\_\_\_\_

Additional Phone (if needed): \_\_\_\_\_

COVID-19 Waiver 10/16/2020

## COVID-19 Athletics & Extracurricular Activities

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by Eatonville School District. The novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact. Federal and local agencies recommend social distancing and other measures to prevent the spread of COVID-19. ESD will conduct certain extracurricular activities during the 2020-21 school year. These activities will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity if they do not comply. Extracurricular activities are a privilege, and not a right, of public- school students.

In an effort to ensure the safety and wellness of our school community, I understand the importance of students being healthy and safe when they participate in the Activity. By signing below, I agree that I will:

- Perform daily temperature checks on my child(ren) to screen for fever before arrival for the Activity. Fever is defined as a temperature over 100.4 F or 38.0 C. If my child(ren) has a fever, I will not permit my child(ren) to participate in the Activity. I also agree that the District may screen my child(ren) for a fever prior to allowing participation in any extracurricular activities.
- Make a visual inspection of my child(ren) for signs of illness which could include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in the Activity.
- Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child(ren) has been in contact with such a person, I will not permit my child(ren) to participate in the Activity until 14 days have elapsed since the time of contact.
- Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are present. I will refer to the school district policy for how long my children must stay home.
- Ensure that my child understands that masks will be required at certain times.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from my own actions, and/or omission those of my children, ESD staff, volunteers, or agents, other Activity participants, or others not listed. By signing this, I acknowledge and accept all such risks in connection with my child(ren's) participation in the Activity. Finally, I acknowledge that the above guidelines may change at any time due to recommendations by the Centers for Disease Control (CDC), the Department of Health, the School Board of Eatonville School District, the State of Washington, or any other regulating entity.

In consideration of my child(ren) being able to participate in the Activity, I, on my own behalf and on behalf of my child(ren) or other family member assisting me in the participation in the Activity, hereby waive, release, and hold the Eatonville School District and its employees and agents harmless from any and all claims, causes of actions, fees, costs, and any expenses of any sort or kind from exposure to and/or infection from COVID-19, that I and/or my child(ren) sustain during or related to my child(ren)'s participation or involvement in the Activity.

Parent/Guardian Signature: \_\_\_\_\_

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

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