



## Liberty Union High School District

### **ATHLETIC / EXTRACURRICULAR ACTIVITY COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

Parent/Legal Guardian's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Activity: \_\_\_\_\_

I understand and agree as set forth below.

1. The District, its governing board, officers, agents, employees, volunteers, and representatives (collectively "Released Parties") shall not be liable for any injury or illness suffered by my student which is related to or arises out of preparing for and/or participating in this voluntary and not required Activity, and to the fullest extent allowed by law, on behalf of my student and myself, we voluntarily assume all known and unknown risks of injury or illness, howsoever caused, even if caused, in whole or in part, by the action or inaction of the Released Parties;

2. Participation in Activity includes possible exposure to, illness, and death from infectious diseases including, but not limited to, methicillin-resistant Staphylococcus aureus (MRSA), influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;

3. We knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my student's participation;

4. We willingly agree to comply with the stated and customary terms and conditions for participation as they relate to protection against infectious diseases. I have reviewed the most recent directives from the Centers for Disease Control (CDC), the California Department of Public Health and Contra Costa County Health Services, along with District policy and protocols, if any, regarding the risks associated with COVID-19 exposure and safe practices to follow, which have been provided to me by the District. We have informed and discussed the dangers of participation in Activity and the required rules and regulations to allow participation in Activity, including with my student;

5. To the fullest extent permitted by law, I, for myself, and on behalf of my student, heirs, assigns, and representatives hereby release and hold harmless the Released Parties with respect to any and all illness, injury, disability, death, of my child related to or arising out of preparing for and/or participating in this voluntary and not required Activity.

**I HAVE READ THIS WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.**

Parent/Guardian signature: \_\_\_\_\_

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



## Liberty Union High School District

**\*\* FORM TO BE USED FOR STUDENTS 18+ YEARS OLD**

### **ATHLETIC/EXTRACURRICULAR ACTIVITY COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

Student's Name: \_\_\_\_\_

Activity: \_\_\_\_\_

I understand and agree as set forth below.

1. The District, its governing board, officers, agents, employees, volunteers, and representatives (collectively "Released Parties") shall not be liable for any injury or illness suffered by me, a student who has reached the age of majority, which is related to or arises out of preparing for and/or participating in this this voluntary and not required Activity, and to the fullest extent allowed by law, I voluntarily assume all known and unknown risks of injury or illness, howsoever caused, even if caused, in whole or in part, by the action or inaction of the Released Parties;

2. Participation in Activity includes possible exposure to, illness, and death from infectious diseases including, but not limited to, methicillin-resistant Staphylococcus aureus (MRSA), influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;

3. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation;

4. I willingly agree to comply with the stated and customary terms and conditions for participation as they relate to protection against infectious diseases. I have reviewed the most recent directives from the Centers for Disease Control (CDC), the California Department of Public Health and Contra Costa County Health Services regarding the risks associated with COVID-19 exposure and safe practices to follow, which have been provided to me by the District. I understand the dangers of participation in Activity and the required rules and regulations to allow participation in Activity;

5. To the fullest extent permitted by law, I, for myself, and my heirs, assigns, and representatives hereby release and hold harmless the Released Parties with respect to any and all illness, injury, disability, death, to myself, related to or arising out of preparing for and/or participating in this voluntary and not required Activity.

**I HAVE READ THIS WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.**

Student's Signature: \_\_\_\_\_

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