

EL MONTE UNION HIGH SCHOOL DISTRICT

Return to Physical Activity/Training Waiver



STUDENT'S LAST NAME

STUDENT'S FIRST NAME

GRADE

ID NUMBER

HIGH SCHOOL SPORT(S)

PLEASE READ BEFORE SIGNING:

The El Monte Union High School District ("District") is pleased to announce the partial reinstatement of its athletic programs and activities. Activities permitted to resume are determined according to strict adherence to federal, state, and local public health orders, measures, and other guidance in order to best protect our athletes, staff, and community. Generally, the District plans to begin holding workouts with the primary purpose of focusing on conditioning and cardiovascular development of our athletes in preparation for future full reinstatement of athletic programs, activities, and contests.

As always, participation in District athletic activities is strictly voluntary. To help students/athletes and parents/guardians understand both the potential risks of participating in athletic activities during pandemic conditions, as well as the precautionary measures implemented by the District in response to COVID-19, students and parents/guardians are required to read and consider the following to make an informed decision about whether to return to athletic activities. Furthermore, you are required to sign and return this form if your child intends to participate in the athletic program prior to your child's participation. Separately, Parents/guardians and athletes are encouraged to read the guidance provided by the California Interscholastic Federation (CIF), which can be found at https://cifstate.org/covid-19/6.12.20_release.

Risks of Exposure to COVID-19

As you are likely aware and understand, COVID-19 is a new disease and information regarding risk factors associated with this disease is limited. At this time, the Center for Disease Control (CDC) and the Los Angeles County Department of Public Health (LADPH) believes that people of all ages are at risk of experiencing severe symptoms from COVID-19, though older adults and people with serious underlying health conditions may be at a higher risk. While the District has taken extensive measures to reduce the risk of COVID-19 exposure in accordance with CDC and LADPH guidelines, this risk cannot be completely eliminated. Consequently, for the safety of our staff, students, parents, and other visitors, the District requires all persons participating in its activities during this pandemic to acknowledge an assumption of the risk, agree to abide by the District's COVID-19 protocols, and waive (i.e., release) liability, as follows:

Assumption of Risk

I request that _____ ("Student") participate in the District-sponsored activity. I am the parent and/or legal guardian of the above-named Student, and I request that Student be allowed to participate in the District-sponsored activity, and I give my permission for Student to do so.

- I understand and acknowledge the contagious nature of COVID-19 and the increased risk to myself and Student of becoming exposed to, or infected by, COVID-19 at a District-sponsored activity, which exposure or infection may result from the actions, omissions, or negligence of myself or others, including, but not limited to, Student, members of the public, other

participants, or District officers, administrators, employees, volunteers, and/or representatives. I assume all such risk and accept sole responsibility for any harm or loss to myself and/or Student, including, but not limited to, serious illness, personal injury and/or death, or related costs or expenses of any kind, that I, or, if applicable, my Student(s), may experience or incur in connection with the District-sponsored activity.

- I understand and acknowledge the risk to have direct or indirect contact with individuals who have been exposed to and/or diagnosed with one or more communicable diseases, including but not limited to COVID-19, or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof does exist and it is impossible to eliminate the risk that Student may become infected through contact with, or close proximity to, an individual with a communicable disease.
- I understand and acknowledge the risk of serious injury and/or illness from participation in the District-sponsored activity to myself and/or Student is significant, including the potential for permanent impairment, disfigurement, amputation, physical and psychological trauma, and death.

Agreement to Abide by COVID-19 Protocols

I agree that I and Student will not enter District grounds or facilities if I and/or Student have been exposed to any person who has tested positive for COVID-19 in the past fourteen (14) days and/or if I and/or Student feel ill, which includes, but is not limited to, the following COVID-19 symptoms: fever, cough, difficulty breathing, shortness of breath, chest pain, and/or bluish lips or face. I understand and acknowledge that I or Student may be denied entrance or admittance if District personnel, Site Administration, or Coaches determine that I am, and/or Student is/are, showing any such symptoms. I also understand and acknowledge that if Student shows any such symptoms, the District may seek clearance from a healthcare professional before Student may return to participate in any District-sponsored activity. I warrant and represent that I am not aware of any medical condition of myself and/or my Student, which would render it inappropriate for me and/or Student to participate in the activity. I agree that I and Student shall comply with existing public health orders issued by federal, state, and local authorities in addition to Board Policies, Administrative Regulations, and school rules related to the aforementioned activities including, but not limited to, the following:

- Student should abide by all limitations on the number of people permitted in a particular area at the same time, as directed by coaches and other District personnel. Student must maintain 6-feet social distancing while in locker rooms and meeting/training rooms.
- Student will be screened for symptoms of COVID-19 prior to workout and/or activity. This could include daily temperature checks and recorded screening question responses. Persons with positive symptoms will not be allowed to participate in the workout and/or activity.
- Student must practice good hygiene including proper hand-washing of at least 20 seconds, coughing and sneezing etiquette, wiping down all sports/weight equipment thoroughly before and after individual use, shower, and wash workout clothing immediately upon returning home.
- Face coverings are recommended to be worn by Student during practice with the exception of

swimming, distance running, or other high intensity aerobic activity. No shared towels, clothing, shoes, water bottle, or use of drinking fountains will be permitted.

I understand and acknowledge that failure to abide by these COVID-19 protocols may result in me and/or Student not being allowed to participate in the District-sponsored activity.

Waiver of Liability

I, on behalf of myself and Student, and in consideration for the District allowing Student to participate in the District-sponsored activity, , hereby release and hold harmless the El Monte Union High School District, its Board Members, administrators, officers , employees, volunteers, and/or representatives thereof (collectively referred to as "Releasees"), from any and all liability for any and all injury, illness, disability, death, loss, or other damage to person or property arising from participation in the District-sponsored activity, including, but not limited to, that arising out of exposure to, or infection by, COVID-19, resulting from the negligence of the Releasees. Further, I covenant (i.e., promise) not to sue the El Monte Union High School District, its Board Members, administrators, officers, employees, volunteers, and/or representatives thereof, for any such harm or loss. This Release applies whether a COVID-19 infection or related illness occurs before, during, or after my Student's participation in the District-sponsored activity.

I HAVE CAREFULLY READ THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AGREEMENT AND I FULLY UNDERSTAND THAT I AM RELEASING CLAIMS AND GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, INCLUDING MY RIGHT TO SUE, AND AM DOING SO VOLUNTARILY. NO REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS, ORAL OR WRITTEN, APART FROM THE FOREGOING WRITTEN STATEMENT, HAVE BEEN MADE.

By signing, I agree to the above statements.

PRINT PARENT NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

Date: _____

STUDENT/ATHLETE SIGNATURE: _____

Date: _____