

**Mesa Public Schools**  
**Activity/Athletic Participation 2020**  
**Parent Waiver, Release and Assumption of Risk Form**

On behalf of myself, my household members and my minor child, \_\_\_\_\_ (please print), I hereby give permission for my child to participate in camps, clinics, conditioning, practices and contests in Mesa Public Schools. My child and I are familiar with, and knowingly and voluntarily accept, any and all risks associated with attending a school campus or any public venue. I acknowledge that my child's participation in this program is wholly voluntary and is not part of any regular school curriculum.

I specifically assume all risks and hazards associated with my child's participation including, but not limited to, the risks associated with the novel COVID-19 virus. I understand that my child will be associating with staff and other students and may contract COVID-19, and other viruses and diseases, through my child's participation. Although the students and staff may have their temperatures taken upon entering the camp, that precaution is not nearly adequate to prevent the spread of COVID-19 given, among other things, the relatively long incubation period, and the fact that many infected persons are asymptomatic. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family and members of my household.

While instruction and reasonable supervision will be provided, the coaching staff cannot ensure my child's safety. Accidents and injuries happen, and it is impossible to eliminate the risk that my child will suffer an injury or illness. These accidents and injuries include, but are not limited to: physical contact with other individuals; contact with the ground, surfaces, fixtures and equipment; strenuous exertions, quick movements and changes of speed, which place stress on the cardiovascular, muscular and skeletal systems. The specific injury risks vary from 1) minor injuries such as scratches, bruises and sprains, to 2) major injuries such as eye injuries or loss of sight, joint injuries, limb injuries, head injuries, back injuries, heart attacks, heat stroke and concussions, to 3) catastrophic injuries including paralysis and death.

I certify that my child is in good health, has no fever, and has no current issues that make it unsafe for my child to participate in the camp, which may not have a medical professional on staff. I will notify the school and not send my child to participate if my child develops a fever or illness or tests positive for COVID-19. I acknowledge that my child and I are responsible for ensuring that my child takes any necessary medication, and for avoiding any allergies. In the event of a medical emergency, 911 will be called and I will be responsible for any and all costs of medical treatment.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages and rights of any kind against the school, the school district, its insurers, the district's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, unwanted contact, harassment, disability, dismemberment or death that may occur to my child, me, or my household members—whatever the cause—due to my child's participation. This includes, without limitation, any claim arising from the negligence of the Released Parties.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my child or my household members resulting from participation.

I am aware and informed of the program's health and safety plan for summer activities.

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_

Emergency Contact Name (Printed) \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_