## GLENDALE UNIFIED SCHOOL DISTRICT

## INFORMED CONSENT AND ASSUMPTION OF RISK FOR PARTICIPATION IN VOLUNTARY ACTIVITY

Student's Name:	School:	
Description of Activity:	Date(s) of Activity/Program:	

Please read this Agreement carefully as you are giving up important legal rights and confirming the responsibility of complying with the District's policies and procedures related to Covid-19, including m as k s, social distancing, safety, and sanitation standards promulgated by the state and local public health agencies.

I understand that those participating in high school athletics, summer camps, and/or conditioning activities are at a higher risk of exposure to the Covid-19 virus. In order to participate in the abovenamed activity, I and my student are required to read and sign the following assumption of risk and waiver.

- I understand that Covid-19 is extremely contagious and has been declared a worldwide pandemic by the World Health Organization.
- I understand that by participating in sports/conditioning activities and utilizing the facilities associated with them, I may knowingly or unknowingly transmit the virus to my family, friends and/or others I may come into contact with. This may include, but is not limited to, young children, elderly persons, and/or those with pre-existing conditions that place them at higher risk for the virus.
- I understand that there is an increased risk of exposure to the virus by participating in athletic activities while on campus or away from campus, and with other schools, both in and out of conference. The risk of exposure also exists during travel to and from any and all away games.
- GUSD is allowing athletic events to proceed in recognition that such activities can promote and enhance the mental and physical health and well-being of its students, but encourages students and parents to seriously consider the potential risks of such participation as a result of Covid-19.
- I acknowledge that my student will comply with all GUSD policies and procedures. Should my student fail to adhere to any GUSD policy or procedure, my student may not be permitted to participate and may be asked to leave the activity. Any deviation of GUSD policies and procedures is at student's own risk and all corresponding consequences shall be borne exclusively by the student.
- I choose to accept and assume the risk of contracting Covid-19 to participate in the school-sponsored athletic activities. I understand that if I am not comfortable or cannot agree to execute this waiver then I may not participate in school-sponsored athletic activities.
- I represent that my student and any family participants have complied with all Covid-19 related federal, state and local restrictions and guidelines, and that my students and family will continue to comply with all such rules and guidelines at all times.
- I further represent that neither my student nor any close family member is known to currently suffer from any known systems related to Covid-19, and that if my student and any family member ever exhibit such symptoms, that my student will immediately discontinue the activity, stay home and advise the activity supervisor.
- I further acknowledge that, if additional evaluation or assessment is required and requested by my student's school of GUSD, I hereby consent that my student will cooperate.

Although the District has taken precautions to reduce the spread of Covid-19, the risk of my student contracting Covid-19 or for my student to spread Covid-19 to other Activity staff or participants, friends, family, or the general public cannot be eliminated. Knowing the inherent risks and dangers involved, I and my student certify that I and my student are fully informed and voluntarily consent to participating in the Activity. I and my student freely and voluntarily assume all risks, known and unknown arising from participation the Activity, including the risks from Covid-19 pandemic. Participant assumes full responsibility for sickness, hospitalization, bodily injury, death, loss of personal property, quarantines, and all related costs and expenses.

To the fullest extent permitted by law, I and my student release the District, its affiliated campuses, and their governing boards, affiliates, subsidiaries, divisions, administrators, directors, officials, employees, agents, and volunteers (collectively referred to herein as the "District Entities"), from and against all claims and causes of action, for any injury or harm of any kind which may arise from or out of my student's participation in the Activity, including but not limited to the risks from Covid-19. This release is intended to discharge the District Entities against any and all liability arising out of or connected in any way with my student's participation the Activity, even though that liability may not occur or arise out of the negligence or carelessness on the part the District Entities.

I and my student further agree to immediately defend, indemnify, and hold the District Entities harmless from and against all claims, demands, causes of action, suits, damages, costs, losses, expenses, and liabilities of every kind and nature arising from my student's participation in the Activity, including all amounts incurred by the District for defending any such all claims, suits, damages, costs, losses and expenses, including all attorney's fees and costs incurred. The indemnity shall apply regardless of any active and/or passive negligent act or omission of the District Entities other responsible party, or their agents or employees.

By my signature below, I hereby give permission for my student to participate in the activity described above. I realize that this activity is <u>voluntary</u> and is not a mandated requirement of the Glendale Unified School District ("GUSD") curricular or extra-curricular program. I further understands that by signing this Agreement, I and my student are releasing claims and giving up substantial rights, including my and my student's right to sue, and acknowledge that I and my student are doing so voluntarily. I acknowledge that I and my student have read this waiver in full, that I and my student has been given the opportunity to ask questions regarding all aspects of this waiver, and that I and my student understands and voluntarily agrees to its terms.

Parent/Guardian Signature	Date	Student's Signature	Date
Parent/Guardian Name (Please Print)		Student's Name (Please Print)	
Street Address, City, State and Zip Code		Home/Cellular Telephone	
	== Office Use	e Only =====	======
Verified by		Date	