

**SPS Athletic/Activity CONSENT DURING PANDEMIC**

**RETURN FORM TO:**

**FORM DUE AT REGISTRATION**

STUDENT: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

EVENT: \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_ DATES: \_\_\_\_\_

Note: School staff will make reasonable best efforts to minimize virus risk, however, attending any activity/athletic event will introduce students to a greater risk of exposure. Attendance is voluntary.

**Parent/Guardian/Independent Student statements:**

Due to the unique circumstances surrounding the above described event during the COVID-19 pandemic:

- ☐ I choose to attend or I choose to have my child attend athletic/activity events due to the ongoing COVID-19 pandemic. I understand the following precautions will be in place but understand that attending any event will introduce students to a greater risk of exposure:
- ☐ All students might be screened prior to being allowed \_\_\_\_\_.
  - ☐ Student masks/face coverings are recommended.

I hereby release, waive, covenant not to sue, discharge, and hold harmless the School District of R-12, its board, officers, employees, agents, and representatives, from any and all liabilities, claims, actions, and causes of action whatsoever, directly or indirectly arising out of or related to COVID-19, whether a COVID-19 infection occurs before, during, or after participation in this event.

Parent/Guardian/Independent Student \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_