



**Agua Fria Union High School District School District
Participation in Sports & Athletic Events 2021 - 2022
Waiver, Release, and Assumption of Risk Form**

On behalf of myself, my household members, and my minor child, _____
I hereby give permission for my child to participate in the following sports program and/or
athletic events: _____ (collectively "Sports Program") at _____. My child
and I are familiar with, and knowingly and voluntarily accept, any and all risks associated with
participation in the Sports Program at _____. 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 in the Sports
Program 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 children and may contract
COVID-19, and other viruses and diseases, through my child's participation in the Sports
Program. Although the children and staff may have their temperatures taken prior to
participating, 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, 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.

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 Sports Program, which may not have a medical
professional on staff. I will notify the school and not send my child to the Sports Program 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 he or she 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 in the Sports Program. 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 in the Sports Program.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____