

## **Elizabethtown Area School District**

### **Athletic/Extracurricular Activity Participation Consent and Liability Release for Communicable Diseases**

The COVID-19 pandemic has presented athletics and other activities across the world with a myriad of challenges concerning this highly contagious illness that primarily attacks the upper respiratory system. Some severe outcomes have been reported in children, and a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be more vulnerable.

While it is not possible to eliminate the risk of COVID-19 spread Elizabethtown Area School District (“EASD”) will take precautions and endeavor to comply with federal, state and local guidelines to reduce risks to students, coaches, their families and others. As knowledge regarding COVID-19 is constantly changing, EASD reserves the right to adjust and implement precautionary methods as necessary to decrease the risk of exposure for our students, staff, and spectators. The following are among currently intended steps with respect to sports and other extra-curricular activities (which might change or be eliminated in the future as guidelines change or EASD moves to a different phase):

1. Health screenings prior to any practice, event, or team meeting, with participation in the activities being limited and/or prohibited when an individual displays symptoms. Screening will be as determined appropriate for each activity, and may include questioning and taking temperature.
2. Instruct students, coaches and staff to perform a self-check for COVID-19 symptoms before attending any practice, event or team meeting.
3. Encourage social distancing and healthy hygiene practices such as hand washing, hand sanitizer, etc.
4. Intensify cleaning, disinfection, and/or ventilation EASD equipment and facilities.
5. Educate students, coaches, and others on health and safety protocols.
6. Require students, coaches, and others to provide their own water bottle for hydration.

With full knowledge of risks, by signing this form the undersigned consents to the student participating in the activity and agree to the following release of liability. For ourselves, our heirs, and as a parent or legal guardian for the student named below, the undersigned, release all possible liability claims against EASD, its Board of School Directors, and their successors, assigns, officers, agents, employees, and volunteers to the extent such claims arise from COVID-19 or other communicable disease, and from illness or of death the student or the undersigned as a result of the student’s participating in this activity.

The undersigned further agrees that the student will participate in screenings that may occur before any meeting, practice, game or competition associated with the activity and to promptly

disclose any COVID-19 symptoms before attending any meeting, practice, game or completion related to the activity.

The undersigned acknowledge that: (1) Participating in athletics or other extracurricular activities may include an exposure to communicable diseases including but not limited to MRSA, influenza, and/or COVID-19. (2) They are aware of the risks associated with communicable disease and that certain vulnerable individuals may have greater health risks associated with exposure to communicable disease, including individuals with serious underlying health conditions including, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, and those whose immune systems that are compromised by chemotherapy for cancer and other conditions requiring such therapy. (3) While following guidelines and personal discipline may reduce the risks associated with participating in such activities, the risk of serious illness, medical complications, and possible death does exist.

We knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others and assume full responsibility for illness resulting from student's participation in such activities. We also agree to comply with all requirements put forth by the EASD to limit the exposure and spread of communicable diseases. We certify that we believe student to be in good physical condition, and we allow participation at our own risk.

Sport/Activity: \_\_\_\_\_

Student name \_\_\_\_\_

Signature of ALL Parents/Guardians:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student:

\_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Information

Please complete the information below before participation in off-season practices

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

In case of accident or emergency please contact:

Parent's/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Pre-existing circulatory/pulmonary conditions:

\_\_\_\_\_

Diabetes:

\_\_\_\_\_

Inhalers:

\_\_\_\_\_

Allergies/Allergic Reactions:

\_\_\_\_\_

Medications being used:

\_\_\_\_\_

Have you ever had a concussion: Yes / No

Other Pertinent Information:

\_\_\_\_\_

\_\_\_\_\_

Permission to treat: \_\_\_\_\_ Parent/Guardian Signature