

WAIVER OF LIABILITY AND HOLD HARMLESS FOR COMMUNICABLE DISEASES INCLUDING COVID-19

| Student Name: | | | |
|--|--|---|------------------------------------|
| Grade: | Home Phone: | | |
| Address: | | | |
| Parent(s)/Guardian(s) Names: | | | |
| Parent/ Guardian phone: Work: | Home: | Other: | |
| The novel coronavirus ("COVID-19"), has be Organization. COVID-19 is extremely contage contact. While rules, guidance, and personal and death does exist. Davidson County Schoommunicable diseases like COVID-19 esperaport or activity includes possible exposure including COVID-19. | ious and is believed to sold it is a sold it | pread mainly from person-to-p this risk, the risk of serious illne pmpletely mitigate the transfer sport or activity. Participation | ersor ss <u>r of</u> n in |
| In consideration for providing my child the of transportation to and from sport or activity discharge any and all claims against District injury from an infectious disease including O District or its employees or agents, to the future heirs, our administrators, our executors | events, both my child a and release it from liabic OVID-19, including clair illest extent allowed by | nd I voluntarily agree to waive a lity for any exposure to or illnes ms for any negligent actions of t law, for myself, my child, our es | and ss or the |
| I also agree to release, exonerate, discharge members thereof, and all officers, agents, e claims, causes of action, or demands, include costs) arising out of any exposure to or illne which may result from or in connection with | mployees, volunteers, a ling attorney fees, fines, ss or injury from an infe | nd representatives from all liab fees, or other costs (e.g. medic ctious disease including COVID- | ility, al |
| I further certify and represent that I have th harmless the released parties on behalf of n | • | <u> </u> | |
| I certify that I have read this document in if for the opportunity to participate in the spy voluntarily assume all risks of such hazards for any loss regardless of cause, and claims activity. | ort or activity, the above and notwithstanding s | e-named student and I freely a uch, release District from all lia | and ability |
| Student Signature | | Date | |
| Parent/Legal Guardian Signature | | Date | |