



# COVID Disclosure and Release Activity Participation Form Addendum

## COVID DISCLOSURE AND RELEASE ACTIVITY PARTICIPATION FORM ADDENDUM DURING COVID-19 PANDEMIC

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Parent/Guardian Name(s): \_\_\_\_\_

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

### COVID-19 NOTICE FROM EVERETT PUBLIC SCHOOLS (“DISTRICT”)

The novel coronavirus (“COVID-19”) has been classified by the World Health Organization as a global pandemic and has spread across the state of Washington. COVID-19 is a new disease and the state of scientific and medical knowledge regarding COVID-19 is evolving. COVID-19 is highly contagious and spreads easily from person to person. **COVID-19 may result in serious illness, debilitating injury, or death.** Older adults and people of any age, including children, who have serious underlying medical conditions might be at higher risk for severe illness or death from COVID-19.

The District has put in place measures in an effort to reduce the spread of COVID-19. However, notwithstanding any such efforts, it is simply not possible to guarantee that COVID-19 is not present nor to prevent you or your child from becoming exposed to, contracting, or spreading COVID-19. By entering District premises, attending school in-person, attending or participating in District activities in-person, and/or attending or participating in the **ATHLETICS AND CONDITIONING PROGRAM** (“Activity”), you and your child are exposed to the risk of contracting or spreading COVID-19.

### ASSUMPTION OF RISK

**Assumption of Risk for COVID-19:** I understand that my child’s participation in this Activity is voluntary and is not required. By signing below, I acknowledge that I have carefully read the above; understand the risks of COVID-19 associated with entering District premises or facilities, attending school in-person, participating in District activities in-person, and/or participating in this Activity. I voluntarily assume such risks, including the risk of serious illness, debilitating injury, or death to my child and myself. By signing below, I further acknowledge that I understand that the risk of exposure to, contracting, or spreading COVID-19 may result from the acts, omissions, or negligence of myself and others, including but not limited to the District employees, agents, representatives, volunteers; other students, program participants, and their families; and/or other individuals who may be present in school facilities or in attendance at any school activity. I knowingly assume such risks, including the risk of serious illness, debilitating injury, or death to my child and myself.

I attest that my student is not currently exhibiting any of the following symptoms, and acknowledge that each day of participation, my child will truthfully attest as to not exhibiting any signs or symptoms of COVID-19 including, but not limited to a fever, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea. I further acknowledge and agree that if my child exhibits any of these symptoms, they will not attend the Activity. Additionally, if my child has been exposed to any person exhibiting COVID-19 symptoms within the last 24 hours, my child will not attend the activity until it can be verified that they have not contracted COVID-19. I acknowledge that if my student arrives at the Activity exhibiting any of the aforementioned signs and symptoms of COVID-19, they will not be permitted to participate in the activity and will be required to wait in a school isolation area until they can leave the premises.

*I certify that I am the parent and/or legal guardian of the above-named student OR am the above-named student and am 18 years of age or older, that I have read and understand the foregoing, and accept and agree to be bound by the terms and conditions of the above.*

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Student at least 18 years old

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date