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## **ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATED TO COMMUNICABLE DISEASES/COVID-19 (CORONAVIRUS)**

### **PLEASE READ CAREFULLY AND ENTIRELY BEFORE SIGNING**

I understand that COVID-19 (Coronavirus) is considered to be extremely contagious and can result in a range of symptoms, which include, but are not limited to, fever, shortness of breath, fatigue, loss of taste or smell, and nausea or vomiting. These symptoms can be mild or severe, sometimes resulting in death. For additional information on the spread and effect of COVID-19 please visit: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

I acknowledge that COVID-19 is primarily spread by person-to-person. A person does not have to be showing signs of illness in order to spread this virus. I understand that the risk of person-to-person spread of the virus is increased by close physical contact and activities associated with athletic events, such as perspiration and the touching of sports equipment. I acknowledge that participation in sporting events and athletic activities could increase the risk of transmitting COVID-19.

I affirm that I have not been diagnosed with, demonstrated any symptoms of or have in any way been exposed to any communicable diseases (including but not limited to the virus commonly referred to as COVID-19) within the past thirty days. I also affirm that I will adhere to all safety precautions communicated by the coach/school administration when engaging in athletic activities.

By signing this Agreement, I acknowledge that I understand the risks related to COVID-19 and other communicable diseases and understand that the risk of contracting COVID-19 may be increased by participation in athletic activities. I voluntarily assume the risk of allowing my child to participate in athletic activities, including, but not limited to, practicing, training, and participating in games and competitions. I understand that my child is not required to participate in athletic activities. I voluntarily agree to assume all risks and accept sole responsibility for any injury or illness up to and including permanent disability or death for my child and/or myself and others arising out of the participation in athletic events. On behalf of myself, my child, and any successor guardian of my child, I hereby release, covenant not to sue, and agree to hold harmless the School District of Greenville County, its Board of Trustees, employees, agents, insurers, and representatives for any and all claims, liabilities, harm, damages, costs, or expenses related to any injury or illness, including the contraction of COVID-19, arising out of athletic activities connected with the event/sport listed below.

By signing this Agreement, I acknowledge that I have read the foregoing fully and understand the contents of the Waiver. I acknowledge the risks associated with participation in athletic activities and the possible contraction of COVID-19 or other communicable diseases and wish for my child (Named Student below) to participate in athletic activities.

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Athletic Event/Sport

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Printed Name of Student

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Printed Name of Parent/Guardian

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Signature of Parent/Guardian

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Date