

## COVID-19 Extracurricular Participation Form

I understand that due to COVID-19 there are restrictions/guidelines for all extracurricular activities and it is the responsibility of the individual participant and their parents/guardian to follow these restrictions/guidelines. Furthermore, I understand the school administration and adult employee or volunteer will supervise each activity and to the best of their abilities maintain the restrictions/guidelines listed below. As a parent/guardian I understand the inherent risks that are involved during the COVID-19 pandemic, which include the possibility of my child/ren, myself or others with whom my family has contact (coworkers, other family members, neighbors, friends) becoming sick, severely ill, dying, or suffering other personal injury or property damage. I further understand and acknowledge that despite the precautions and other measures undertaken by ACPS and others involved in the extracurricular activity, my child/ren remains at risk of contracting COVID-19 due to participation in the activity, which risk is elevated depending on how much physical proximity is inherently involved in the activity. I understand that the risk of exposure or infection may result from my own actions, and/or the acts and omissions of myself, those of my child/ren, ACPS staff, volunteers, or agents, other participants in the activity, or others not listed. By signing this document, I expressly acknowledge, accept, and agree to assume all such risks in connection with my child's participation in the activity. By signing this document, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child or others may be exposed to or infected by COVID-19. By assuming these risks voluntarily, I waive and release all rights for claims I or my child may have against the school division, its staff, and the Augusta County School Board if my child contracts the COVID-19 virus.

All sporting activities will be conducted in compliance with Virginia High School League Guidelines for Return to Participation or other guidance/rules/regulations/orders applicable to the activity, which may be amended from time to time.

It is also recommended by the CDC that individuals with pre-conditions that make them more vulnerable to COVID-19 not participate in any workouts during the above restrictions. Such persons may request alternative activities or modes of participation.

I agree to self-screen and to stay home if I have any signs or symptoms of illness.

**Student:**

I \_\_\_\_\_, have read, understand and support the above assumption of risk regarding extracurricular activities.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian:**

I \_\_\_\_\_, have read, understand and support the above assumption of risk regarding extracurricular activities.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_