

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 AND PHYSICALS**

In consideration of being allowed to participate on behalf of **GARRETT-KEYSER-BUTLER COMMUNITY SCHOOL DISTRICT** located in Garrett, Indiana in athletic program(s) and related events and activities, the undersigned acknowledges, consents to, and agrees that:

1. Participation in athletic activities includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While certain guidelines, practices, and personal discipline may reduce this risk, the risk of serious illness and /or death through participation is real and does exist; and,
2. I agree to comply with the stated and customary terms and policies established and conditions for participation regarding protection against infectious diseases as adopted by the School District; and
3. If I observe any unusual or significant hazard or unusual condition during my presence or participation in athletics, I will remove myself from participation and bring such to the attention of my coach or the nearest School Official and be held out until medically cleared to return to athletic activity; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** Garrett-Keyser-Butler Community School District, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), **WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.**
5. I acknowledge that the only way to completely reduce the risk of injury from participation in athletics is to remove myself from the activity and not participate.
6. I acknowledge and agree to participate in athletics during 2020/2021 using my valid physical and consent forms on file from the 2019/2020 school year, which according to the directive of the Indiana High School Athletic Association is considered valid for the 2020/2021 athletic year. As a result of authorizing the School to use my physical from the 2019/2020 season, I understand it is my responsibility to provide any documentation regarding any known changes/updates from the 2019/2020 physical.
7. If I am an athlete without a valid IHSAA pre-participation examination physical form on file from the 2019/2020 scholastic year, I understand I am required to have a valid Pre-Participation Physical and Consent Form completed and on file prior to eligibility and competition. This includes any student-athlete coming from an out-of-district school or out-of-state school or any student who did not participate in sports during the 2019/2020 school year.
8. Student athletes who have transferred may provide a valid IHSAA pre-participation form from the transferring school or its equivalency.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND RISKS I AM UNDERTAKING BY SIGNING IT.**

**I SIGN FREELY, VOLUNTARILY, WITHOUT INDUCEMENT, DURESS AND WITH FULL UNDERSTANDING.**

Printed Name of Participant: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

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

**FOR MINOR CHILDREN WHO ARE UNDER 18 AT THE TIME OF EXECUTION.**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities that include the possibility of becoming seriously ill or even dying. I agree after careful thought and consideration to assume the risk on behalf of my minor child. I, for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child’s/ward’s presence or participation in these activities as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.**

Name of Parent/Guardian: \_\_\_\_\_

Parent Guardian/signature: \_\_\_\_\_

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