

Greenville Public School District Athletics and Extracurricular Activities COVID-19 Waiver

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Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The Greenville Public School District has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not become infected with COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending or participating in any athletic practice/camp or other extracurricular activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at such activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, GPSD employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at practices or participation in athletics and extracurricular activities programming. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless GPSD, its employees, agents, and representatives, from any and all liabilities, claims, actions, damages, and costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of GPSD, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any GPSD ATHLETICS AND/OR EXTRACURRICULAR ACTIVITIES PROGRAMMING.

Signature of Parent/Guardian _____ **Date** _____

Print Name of Parent/Guardian _____ **Cell #** _____

Student Name _____ **Date** _____ **Cell#** _____