Williamsburg Independent Schools

COVID-19 Pandemic Player Consent Form

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing, wearing mask when possible and have, in many locations, prohibited the congregation of groups of people.

Williamsburg Independent Schools has put in place preventative measures to reduce the spread of COVID-19; however, Williamsburg Independent Schools cannot guarantee that your or your child(ren) will not become infected with COVID-19. Further, attending Williamsburg Independent School events could increase your risk and your child(ren)’s risk of contracting COVID-19.

*I confirm that I am not presenting any of the following symptoms of COVID-19 listed here: Fever, Shortness of Breath, Loss of Sense of Taste or Smell, Dry Cough, Runny Nose, Sort Throat*

Initial: \_\_\_\_\_\_

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 this event 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 may result from the actions, omissions, or negligence of myself and others, including, but not limited to Williamsburg Independent School employees, volunteers, and program participants and their families.

I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Williamsburg Independent Schools, its employees, volunteers, program participants and their families, whether a COVID-10 infection occurs before, during, or after participation in any Williamsburg Independent School event.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Signature of Parent/Guardian

Print Name of Player \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_