

**Communicable Disease Related Hold Harmless, Release,
Waiver of Liability and Indemnity Agreement for
Student Athletes in Western Line School District**

To be completed by persons that have not tested positive or been presumed positive for COVID-19

By signing this form, I attest to the following:

1. **I affirm that I have not been diagnosed with, tested positive for, or demonstrated any symptoms of COVID-19 or any communicable disease.**
2. **I do not have any of the symptoms that the CDC recognizes as being associated with COVID-19:** fever, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, or new loss of taste or smell.
3. To my knowledge, I have **not been exposed** to others that have either tested positive for COVID-19 or have the symptoms associated with COVID-19 listed in the previous item.
4. I have not been required by any government entity or any medical provider to **quarantine or self-isolate** to prevent against possibly exposing others to COVID-19.
5. Within the past two (2) weeks, I have **not traveled internationally** and I have not traveled domestically **to an area where transmission of the COVID-19 is widespread.**
6. I understand that if I am diagnosed with or have symptoms of a communicable disease (COVID-19) that **I will refrain from attending any practice, meeting or event on school campus** and will self-isolate or seek medical attention. Release from a doctor or nurse practitioner will be required before I can begin practice again.
7. I understand that practice for the 2020 summer is **voluntary** and practice is for my benefit, but not required.
8. **I have read and agree to the rules and procedures for COVID-19** taking place on the campus during practices this summer. This includes but not limited to care for personal hygiene, not sharing practice gear, refraining from handshakes, personal interaction, etc. and remaining at a distance from others when we are in an enclosed space.
9. **I acknowledge that I am aware that by entering the premises and participating in the event(s) or practice that there are risks to me and to those with whom I interact of exposure.**
10. **I have received, read and understand the guidelines developed by the District for my sport and I agree to each of them.**
11. **I hereby voluntarily agree to RELEASE, the Western Line School District and WAIVE the right to sue on behalf of myself or my child(ren), should there be an outbreak of COVID-19.**

Print Student Name

Student Signature

Signature of Parent/Guardian

Date