

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

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 affirm that I have been diagnosed with, tested positive for, or demonstrated symptoms of COVID-19, but has finished the mandatory 14 day quarantine and has been symptom free for at least 72 hours. (Yes ___ No ___), if **yes, please attach documentation of clearance from a licensed physician.**
3. 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.
4. I am not currently required by any government agency, medical officials, or medical facilities to quarantine or self-isolate to prevent against possibly exposing others to COVID-19.
5. 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 in the past 72 hours.
6. 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.
7. 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.
8. I understand that participation is voluntary and not required.
9. I have read and agree to the rules and procedures for COVID-19. 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.
10. 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.
11. I have received and read the guidelines developed by the District for my sport and I agree to each of them.
12. 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