

**ASSUMPTION OF RISK AND VOLUNTARY WAIVER OF LIABILITY FOR STUDENT PARTICIPATION IN ATHLETICS**

STUDENT NAME ("STUDENT"): Athlete First Name \_\_\_\_\_

Athlete Last Name \_\_\_\_\_

PARENT/LEGAL GUARDIAN NAME ("PARENT/GUARDIAN"): (1) Parent First Name \_\_\_\_\_

(1) Parent Last Name \_\_\_\_\_

At KIPP Metro Atlanta Schools ("KIPP" or "School"), we value the safety and wellbeing of each of our students. As we begin a new school year amidst the ongoing COVID-19 pandemic, we are doing all we can to minimize risks to the School community while still allowing students to return to some of their normal activities when it is prudent to do so.

Please note that participation in all activities with KIPP athletics is voluntary. Our Department of Athletics is closely monitoring the situation and is following and/or exceeding the guidelines from the Centers for Disease Control and Prevention and the Georgia High School Association as it resumes some activities for our students. Nevertheless, it is impossible to eliminate completely all elements of risk associated with a return to in-person activity. We therefore ask that you carefully read this document and acknowledge by signing below that you understand and agree to its contents before your Student will be allowed to participate in any in-person athletic activities sponsored by KIPP ("Activities").

(1) INFORMED CONSENT/ASSUMPTION OF RISK- COVID-19. I understand that the novel coronavirus, or COVID-19, has been declared a worldwide pandemic by the World Health Organization and is an extremely contagious virus. COVID-19 is believed to spread between people who are in close proximity to one another, through in-person contact, contact with contaminated surfaces and objects, or even through the air. The exact methods of spread and contraction are unknown. As a result, the State of Georgia and other authorities have imposed certain public health guidelines, safety measures, and restrictions to help prevent the additional spread of the virus. These measures are subject to change based on the spread of COVID-19 as well as changes in laws, regulations, policies, and executive orders. I further understand and agree that KIPP cannot guarantee that my Student will not be exposed to or become infected with COVID-19 or any related disease while attending or participating in the Activities. I hereby expressly and specifically accept and assume all such risk that my Student may be exposed to or infected by COVID-19 or any related disease and accept all losses, costs and damages that I may incur as a result of my Student participating in the Activities. Parent Signature & Date

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

(2) STUDENT'S RESPONSIBILITIES. I affirm that my Student will adhere to all safety precautions and guidelines communicated by KIPP when engaging in any Activities. I further affirm that I will not permit my Student to participate in the Activities if my Student is showing

any symptoms of COVID-19 (including but not limited to fever, cough, fatigue, shortness of breath, chills, muscle or body aches, headaches, sore throat, congestion or runny nose, loss of taste and/or smell, nausea or vomiting, or diarrhea). I agree that in such situations my Student will be unable to participate in any Activities until at least 10 days have passed since the symptoms first appeared, 24 hours have passed since the last fever without the use of fever-reducing medications, and my Student's symptoms have improved. Additionally, I confirm that I will not permit my Student to participate in any Activities if my Student has been in contact with any individual, including those with whom the Student resides, who has been (i) diagnosed with COVID-19, (ii) awaiting test results confirming a suspected case of COVID-19, or (iii) demonstrated potential symptoms of COVID-19, within the last 14 days. Should my Student have a confirmed case of COVID-19 but remain asymptomatic, I agree that my Student will not return to any Activities until at least 10 days have passed since the positive laboratory test and the Student remains asymptomatic. Ultimately, KIPP reserves the right to determine whether my Student is eligible to participate in Activities based on current guidance and with the health and safety of the KIPP community in mind. Student and his/her parent and/or guardian will comply with any protocols required by KIPP, the Georgia High School Association, and any other governing authority, which may include temperature screenings, cleaning and/or disinfecting, social distancing, and limitations on parent/guardian presence during Activities. Parent Signature

& Date \_\_\_\_\_

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

(3) RELEASE AND AGREEMENT NOT TO SUE. I knowingly and willingly release, forever discharge, and hold harmless the School, its successors, assigns, board of directors, administrators, teachers, coaches, employees, agents and volunteers from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise related to COVID-19 from Student's participation in the Activities. I understand that this release discharges School from any liability or claim that I or Student may have against the School related to COVID-19 with respect to any losses or damages, including without limitation, any bodily injury, personal injury, illness, or death, that may result from participation in the Activities, to the extent not caused by the intentional conduct of the School, or its directors, administrators, teachers, volunteers, agents or otherwise. Parent Signature & Date

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

I HAVE READ AND UNDERSTAND THIS ASSUMPTION OF RISK AND VOLUNTARY WAIVER OF LIABILITY FOR STUDENT PARTICIPATION IN KIPP ATHLETICS 2020-2021. I FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE, ON BEHALF OF MYSELF AND STUDENT. I ACKNOWLEDGE THAT I AM SIGNING THE AGREEMENT FREELY AND VOLUNTARILY AND REPRESENT AND WARRANT THAT I AM STUDENT'S PARENT AND/OR LAWFUL GUARDIAN AND THAT I AM FULLY AUTHORIZED, AND NOT OTHERWISE RESTRICTED UNDER ANY COURT ORDER, DECREE, JUDGMENT OR TERMS OF ANY DIVORCE OR PARENTING SETTLEMENT AGREEMENT FROM GRANTING PERMISSION FOR STUDENT TO PARTICIPATE IN THE ACTIVITIES AND SIGNING THIS AGREEMENT. I INTEND THAT THIS AGREEMENT CONSTITUTE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY RELATED TO COVID-19 TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent Signature & Date

Date:

\_\_\_\_\_  
(IF STUDENT IS UNDER 18 YEARS OF AGE)