

# **Assumption of Risk, Waiver, Release & Hold Harmless**

## **Monroe County School District COVID-19 and Voluntary Extracurricular Activities School Year 2020-21**

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by the School Board of Monroe County, Florida, and the Monroe County School District (collectively, "MCSD"). The novel coronavirus and the disease that it causes, COVID-19, has been declared as a worldwide pandemic by the World Health Organization and is believed to be contagious and spread by person-to-person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19.

MCSD will offer certain extracurricular activities in the 2020-21 school year. These activities, hereinafter known as "Activity," will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity, without appeal, if they do not comply. Extracurricular activities are a privilege, and not a right, of public-school students.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), MCSD staff, volunteers, or agents, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of my child(ren) being able to participate in the Activity, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold the School Board of Monroe County, Florida, and its employees and agents harmless from any and all claims, suits, liability, actions, judgments, attorneys' fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the Activity.

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

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Print name of Parent/Guardian

\_\_\_\_\_  
Print name of Student

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Date of signature

## MCS D Student Pledge

COVID-19 is a highly contagious infectious disease. The goal of the Key Largo Middle School Athletic Department is to protect all individuals by establishing recommendations to minimize the risk of exposure and mitigate the effects of the virus within Athletics and the Monroe County community.

I pledge to:

1. **Self Monitor:** I will self monitor for **symptoms** and will not enter and school athletic facility or join any practice with symptoms of illness. I will stay at home and report any illness and notify school administration and my coach as soon as possible.

**Symptoms include** cough, fever greater than 100.4 °F, headache, chills, shortness of breath or difficulty breathing, unexplained muscle soreness, sore throat, new loss of taste or smell, diarrhea, or vomiting

2. **Practice Good Hygiene** at all times.

**Wash hands** upon arriving to practice for at least 20 seconds and/or use hand sanitizer. Continue to wash hands/sanitize throughout the practice, after restroom use, before and after workouts, after meals, and when leaving the practice/facility.

3. **Participate in DAILY COVID-19 risk assessment screenings that may include temperature checks.**

4. **Practice Proper Social Distancing:** Maintaining a minimum of six (6) feet of distance between other individuals; limit gathering size to those in effect at the time and abide by all posted or stated distancing protocols through the Activity.

5. If physical distancing is not possible I will **wear a mask/cloth face covering** during in-person meetings and interactions, strength and conditioning activities, interactions with the athletic trainer, and when not engaged in strenuous physical exertion (on the bench/sideline when six feet of distancing cannot be maintained).

6. **Abide by all guidance and instruction provided by coaches, athletic staff, or school administration.**

I RECOGNIZE THAT PARTICIPATION IN EXTRA-CURRICULAR ACTIVITIES AND ACTIVITIES IS A PRIVILEGE NOT A RIGHT. I RECOGNIZE THAT THE ACTIONS OF STUDENT-ATHLETES MATTER AND SET A TONE FOR OTHER MEMBERS OF THE SCHOOL COMMUNITY. AS A \_\_\_\_\_ SCHOOL STUDENT, I PLEDGE TO ACCEPT THE RESPONSIBILITY TO ABIDE BY THESE GUIDELINES IN ORDER TO KEEP MYSELF, MY TEAMMATES, AND THE STUDENTS AND STAFF OF \_\_\_\_\_ SCHOOL AS SAFE AS POSSIBLE.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_