

### DPS Waiver Addendum - Athletics

PLEASE READ CAREFULLY - Parents/Guardians **MUST ALSO** fill out the **General DPS Waiver**. This Addendum is due COVID-19 and other specific concerns at this time. Participating children should also initial, if age appropriate, to ensure equal understanding of these requirements. **By typing my initials in the lines below using the legally recognized E-Sign format (typing in /Initials/; for example typing "/JTS/" for John T. Smith e-initials), I certify that I am agreeing to use an electronic initial instead of handwriting.**

*School sponsor MUST check applicable clauses for parent/guardian initials and retain both the Activity Waiver and this Addendum.*

I hereby knowingly waive all legal claims related to a potential injury, illness, or death due to participation in \_\_\_\_\_, an athletic activity, which carries risks related to participation. These risks can include – injury to muscles or ligaments, broken bones, soft tissue injury, repetitive stress injury, contusions, concussions, cardiac incidents, heat or dehydration related injuries, communicable diseases, immune-system illnesses, and other injuries or illness that could cause permanent damages up to and including death. I understand the District has very limited abilities to reduce or remove any and all risks of injury, illness, or death. If I have any concerns regarding my child and the potential injury or illness due to participation in this athletic activity, I will elect not to allow my child to participate. \_\_\_\_\_ (Initials of Participant) \_\_\_\_\_ (Initials of Parent/Guardian\*).

ATHLETIC PARTICIPATION MAY SIGNIFICANTLY INCREASE THE RISK OF EXPOSURE TO (AND POSSIBLE SEVERITY OF) COVID-19 AND/OR OTHER COMMUNICABLE DISEASES. COVID-19 IS A VERY CONTAGIOUS DISEASE THAT CAN CAUSE SEVERE ILLNESS AND DEATH. OLDER ADULTS AND PEOPLE WITH UNDERLYING MEDICAL CONDITIONS ARE AT HIGHER RISK. PARTICIPATION MAY ALSO RESULT IN TRANSMISSION OF COVID-19 OR OTHER COMMUNICABLE DISEASES TO NON-PARTICIPANTS.

**PARTICIPANTS KNOWINGLY AND VOLUNTARILY ASSUME ALL RISKS RELATED TO EXPOSURE OF COVID-19 AND/OR OTHER COMMUNICABLE DISEASES TO THEMSELVES OR OTHERS.**

\_\_\_\_\_ (Initials of Participant) \_\_\_\_\_ (Initials of Parent/Guardian\*).

I also further agree that should my child exhibit symptoms of any illness (since COVID 19 has a variety of symptoms any symptom of illness should be presumed as possibly related to COVID 19), or have been exposed to a person who has exhibited such symptoms, or who has tested positive for COVID 19, I will not allow my child to participate until clearance from a doctor or self-quarantine for 14 days. \_\_\_\_\_ (Initials of Participant) \_\_\_\_\_ (Initials of Parent/Guardian\*).

I further agree, that should my child develop COVID-19 or anyone in contact with my child develops COVID-19, I will advise the DPS leader of this activity immediately. I also understand due to possible contact tracing, my child's name and COVID-19 diagnosis may be shared as necessary for the health and well-being of others under FERPA/HIPAA guidelines. \_\_\_\_\_ (Initials of Participant) \_\_\_\_\_ (Initials of Parent/Guardian\*).

Student participants may be required to wear masks, wash hands, and/or stay 6 feet away from another participant (or other related health guideline). Should my child fail to follow these requirements, I understand that my child may not be allowed to continue to participate. I have discussed these important requirements with my child and we both agree to follow any such adult directives as a condition of participation. If my child is not able to safely follow these requirements, I will choose not to have my child participate. \_\_\_\_\_ (Initials of Participant) \_\_\_\_\_ (Initials of Parent/Guardian\*).

(\* If Participant under 18 years of age. **It will also be presumed that the signing Parent/Guardian has legal authority to sign on behalf of child participant. If another individual has legal decision-making authority, either all Parents/Guardians must sign or the signing Guardian is legally attesting under penalty of perjury that they have joint decision-making authority and have received permission from the non-signing Parent/Guardian to sign on his/her/their behalf.**)