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. 

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 contract 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.)