



Assumption of Risk, Waiver and Release

Voluntary Participation in Athletics, Extracurricular and Co-curricular Activities, 2020-21 School Year

The novel coronavirus known as COVID-19 has caused a worldwide pandemic and is spread by person-to-person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19. I understand and acknowledge that participation in athletics, extracurricular and co-curricular activities (hereinafter “Activities”) is voluntary and by its very nature, poses an actual or potential risk of emotional and physical injury or illness. I am requesting that my child(ren) be allowed to participate in one or more Activities sponsored by Fort Wayne Community Schools (hereinafter “FWCS”).

Activities beginning in the summer of 2020 and continuing into the 2020-21 school year will be conducted with safety protocols appropriate under the circumstances at the time. Participants in Activities will be required to adhere to all safety protocols and are subject to immediate removal if they do not comply. Activities are a privilege, and not a right of students. In an effort to ensure the safety and wellness of the FWCS community, I understand the importance of students being healthy and safe when they participate in Activities. By signing below, I agree that I will:

- Watch the FWCS Return to Play Training video.
- Perform daily temperature checks on my child(ren) to screen for fever before arrival for the Activity. Fever is defined as a temperature over 100.4 F or 38.0 C.
- Make a visual inspection of my child(ren) for signs of illness which could include: chills, cough, shortness of breath or difficulty breathing, unexplained fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Confirm that my child(ren) has not been in close contact (within six feet for longer than fifteen minutes) with someone who is symptomatic or positive for COVID-19 during the past fourteen days.
- Promptly pick up my child(ren) or arrange for pickup/transportation if signs or symptoms of illness are present.
- Not bring my child(ren) on FWCS grounds and will notify FWCS staff if my child(ren) has a fever, exhibited any of the aforementioned symptoms, or been in close contact with someone who is symptomatic or positive for COVID-19. I understand that my child(ren) may not return without authorization from an FWCS nurse.

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), FWCS staff, volunteers, or agents, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of my and 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 Fort Wayne Community Schools 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 Activities.

Signature of Parent/Guardian

Signature of Student

Print name of Parent/Guardian

Print name of Student

Date of signature

Date of signature