

Buckeye Union High School District

Athletic Conditioning 2020

Waiver, Release, and Assumption of Risk Form

On behalf of myself, my household members, and my minor child, _____,
I hereby give permission for my child to attend the _____/athletic conditioning at Estrella
Foothills High School. My child and I are familiar with, and knowingly and voluntarily accept, any and all
risks associated with attending Athletic Conditioning. I acknowledge that my child's participation in this
program is wholly voluntary and is not part of any regular school curriculum.

I specifically assume all risks and hazards associated with my child's participation in the athletic
conditioning including, but not limited to, the risks associated with the novel COVID-19 virus. I
understand that my child will be associating with staff and other children and may contract COVID-19,
and other viruses and diseases, through my child's participation in the athletic conditioning. I
understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may
subsequently be transmitted from my child to me, my family, and members of my household.

While instruction and reasonable supervision will be provided, athletic conditioning staff cannot ensure
my child's safety. Accidents and injuries happen, and it is impossible to eliminate the risk that my child
will suffer an injury or illness.

I certify that my child is in good health, has no fever, and has no current issues that make it unsafe for
my child to participate in the athletic conditioning. I will notify the school and not send my child to the
athletic conditioning if my child develops a fever or illness or tests positive for COVID-19. I acknowledge
that my child and I are responsible for ensuring that he or she takes any necessary medication, and for
avoiding any allergies. In the event of a medical emergency, 911 will be called and I will be responsible
for any and all costs of medical treatment.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims,
causes of action, damages, and rights of any kind against the school, the school district, its insurers, the
district's governing board, and all of their respective employees, agents, representatives, and volunteers
(the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss,
unwanted contact, harassment, disability, dismemberment, or death that may occur to my child, me, or
my household members—whatever the cause—due to my child's participation in the athletic
conditioning. This includes, without limitation, any claim arising from the negligence of the Released
Parties.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all
claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury,
illness, or death to me, my child, or my household members resulting from participation in the athletic
conditioning.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____

Date _____