

*After School and Extra Curricular*



Dear Parents/Guardian,

The health and safety of our students, staff, and volunteers remain our highest priority. Below, you will find a summary of actions we are taking to help ensure we are lowering COVID-19 risk as much as is reasonably possible while also allowing our students to participate after school activities/program. We are:

- Intensifying the cleaning of our facilities and premises by disinfecting our rehearsal facilities before and after each rehearsal.
- Reducing physical closeness or contact between students when possible by allowing students to focus on building individual skills, putting signs and tape on floors or fields to ensure that band staff and students stay 6 feet apart, and discouraging unnecessary physical contact, such as high-fives, handshakes, fist bumps, and hugs.
- Promoting healthy hygiene practices by providing hand sanitizer for rehearsals, reminding students to cover coughs and sneezes with a tissue or to use the inside of their elbow, encouraging students to wash their hands often, and reminding them to not spit.
- Encouraging students, band staff, and volunteers to wear masks or cloth face coverings during rehearsals
- Frequently touched surfaces and all equipment should be cleaned
- Students will have their own water bottle, no water fountains will be used.

Anyone who is sick or has been in contact with someone who has COVID-19— including students, family members, directors, and staff — should not attend BRMS Athletic events. Be on the lookout for symptoms of COVID-19, which include fever, cough, or shortness of breath. Call your doctor if you think you or a family member is sick.

If a student has an underlying health condition that puts that student at a higher risk than most for developing serious health complications from COVID-19, it is recommended that you discuss with your physician whether such student should participate in [list activity]under current conditions.

Following recommended guidance to lower the risks of transmission does not eliminate one's risk of exposure to COVID-19 or any contagious disease. Exposure to the virus is still possible.

If someone does get sick during BRMS practices, conditioning, and/or games, BRMS will have plans in place to isolate that person until they are picked up by a parent. If you have a specific question about this plan or COVID-19, please contact your school's athletic director Chad Bray or Penny Gorum for more information. You can also find more information about COVID-19 at [www.cdc.gov](http://www.cdc.gov).

We look forward to seeing you! Thank you and stay healthy!

Sincerely,

Penny Gorum, Principal

*After School/Extra Curricular Acknowledgement Form*

**COVID-19 Acknowledgment:** We acknowledge that the above named student is attending [list activity] voluntarily. If the student shows any signs of COVID-19 illness, such as a cough, sore throat or a temperature above 100.0, we will keep the student at home and contact the sponsor. We understand that if the student is at [ ] and begins to show any signs of COVID-19, we will be contacted immediately and expected to pick up immediately. A student who becomes sick must either be quarantined for 14 days with no symptoms. Students will receive a temperature check and be asked a series of questions about COVID-19 risks before each activity.

**Waiver of Liability Relating to Coronavirus/COVID-19:** The novel coronavirus, COVID-19, has been declared a worldwide pandemic. COVID-19 is extremely contagious. Every individual faces risks of infection from the virus, whether at work, at home or engaged in activities away from work. This guidance is an effort to share information. The below considerations should be followed as is reasonable under the given circumstances and re-evaluated as new orders and advisories are introduced through public health officials, and governmental agencies. The virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and through the air. People can be infected and show no symptoms but still spread the disease. There is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

**Even though steps are being implemented to reduce the risk of transmission, MCSD cannot prevent your child from being exposed to, contracting, or spreading COVID-19 if you decide your child will participate in school activities. It is not possible to eliminate the risk of contracting the disease. Therefore, if you choose for your child to participate you may be exposing your child, your family and others to a risk of contracting or spreading COVID-19.**

**ASSUMPTION OF RISK:** I have read and understand the above warning concerning COVID-19. I hereby choose to accept the risk that my child may contract COVID-19 while engaging in school activities. I further accept the risk that, if my child contracts COVID-19, that he or she may spread the virus to others he or she comes in contact with, including family members. I accept these risks because I want my child to participate in school.

**WAIVER OF LAWSUIT/LIABILITY:** I hereby forever release and waive on behalf of myself, my heirs, executors or assigns any right to bring suit for myself or on behalf of my child against MCSD and its officers, administrators, teachers, officials, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to participating in school athletic activities. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or any other loss I may have to seek damages, whether known or unknown, foreseen or unforeseen.

**CHOICE OF LAW:** I understand and agree that the law of the State of Georgia will apply to this contract.

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK ON BEHALF OF MYSELF AND MY CHILD AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.**

**General Risk of Injury:** We acknowledge and understand that there is a risk of injury involved in participation. We understand that the student will be under the supervision and direction of a MCSD employee. We agree to follow the rules of instructions of the sponsor in order to reduce the risk of injury to the student and other students. However, we acknowledge and understand that neither the sponsor nor MCSD can eliminate the risk of injury. Injuries may and do occur. May result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation.

**Hold Harmless Agreement:** As a lawful parent/guardian of the above-named student, I hereby give permission for my child to participate in school sponsored extra-curricular activities. By signing this form, I agree that I have fully read, understand and agree to the conditions set forth below: I acknowledge and agree that, during this school sponsored activity, my child will be subject to any and all Muscogee County School District (MCSD) disciplinary rules and Student Code of Conduct to which he or she is subject during the school day. I further understand that, during this activity, my child will be subject to the supervision and direction of those adults who accompany the students on behalf of MCSD. I consent for/to my child's participation in extra-curricular activities. I acknowledge and agree that I am responsible for informing appropriate District personnel of any medical needs of my child and authorize MCSD personnel, or other chaperones, to take any and all medical actions they believe necessary for my child until such time as I may be contacted. I acknowledge and agree that MCSD, its officers, employees, agents and volunteers do not have or assume any liability for damages, losses, or injuries to the above-named student as a result of the student participating in this activity. I acknowledge and agree, there is not school district insurance to cover any injuries, losses, or damages during a school activity. I acknowledge and agree that any revocation of permission given by this form can only be in writing and must be delivered to the appropriate school officials to be effective.

**CERTIFICATION AND MEDICAL AUTHORIZATION:** We certify that all of the information provided on this form is correct. We agree to abide by state and local rules. If the student is injured while participating in extracurricular/after school activities and MCSD is unable to contact the parent, we grant MCSD permission and authority to obtain necessary medical care and/or treatment for the student's injury. Treatment may include, but is not limited to first aid, CPR, medical or surgical treatment recommended by a physician. We accept the financial responsibility for such medical care or treatment.

We, the undersigned student and parent/guardian, have read this document and understand all of the expectations for athletic participation at my school.

Student Name: (Printed): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_