

# MUSCOGEE COUNTY ATHLETICS

## Assumption of Risk & Waiver of Liability

Student – Athlete Name: (Please Print)		Home Street Address:		
Date of Birth:	Student Cell Phone: ( ) -	City:	State:	Zip:
Grade (for 2021-2022):	School (for 2021-2022):	In what extra-curricular activities will the student-athlete participate in?		
Parent/Guardian Name:		Parent Cell #: ( ) -	Email Address:	
2nd Parent/Guardian Name:		Parent Cell #: ( ) -	Email Address:	
<b>EMERGENCY CONTACT – Other than Parents listed above:</b>				
Name:		Relationship:	Phone#: ( ) -	
<b>INSURANCE INFORMATION</b>				
The MCSD requires that all students who participate in athletics be adequately covered by health insurance (proof of health insurance). <b><i>Changes/updates to student insurance coverage must be communicated by a parent/guardian to the Site-School Athletic Director.</i></b>				
<b>Name of Insurance Company:</b>			<b>Policy No:</b>	
<b>Address:</b>			<b>Group No:</b>	
<p><b>Student Eligibility to Participate-</b> We have read and discussed the general requirements for athletic eligibility. We understand that any questions we have should be directed to our student's coach, site-school athletic director, or the building Principal.</p> <p><b>Supervision and Rules -</b> We understand that the student will be under the supervision and direction of a MCSD athletic coach or other MCSD personnel. We agree to follow the rules of the sport and the instructions of the coach. I acknowledge and agree that enroute to and from, and during this sport activity, the student will be subject to all MCSD disciplinary rules and the MCSD Student Code of Conduct.</p> <p><b>Authorization to Treat and Provision of Information -</b> I acknowledge and agree that I am responsible for informing appropriate District personnel of any medical, allergy, behavioral, or other needs of the student and authorize MCSD personnel to take any and all actions, medical or otherwise, they believe necessary while the student is under their supervision.</p> <p>We certify that all of the information provided by us on this form is accurate. We grant MCSD permission and authority to obtain necessary medical care and/or treatment for the student. Treatment may include, but is not limited to first aid, CPR, transport by ambulance, and / or medical or surgical treatment recommended by a physician. We accept the financial responsibility for any such medical care or treatment.</p>				
<p><b>Transportation –</b> We request that the student named in this form be transported by the MCSD and authorize such transportation in to practices, competitions, and similar. We freely, knowingly, and willfully accept and assume the risk of injury and even death that is associated with transportation. We understand that transportation may or may not be available through the MCSD. If an MCSD-approved bus or an MCSD-approved charter bus is not available, we understand that transportation will be the parent/guardian's responsibility, and we will arrange for transportation.</p>				
<p><b>COVID-19 Acknowledgment:</b> We acknowledge that the above named student-athlete is attending these workouts voluntarily. If the student-athlete 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 head coach.</p> <p><b>Waiver of Liability Relating to Coronavirus/COVID-19:</b> 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.</p> <p>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.</p>				

# MUSCOGEE COUNTY ATHLETICS

## Assumption of Risk & Waiver of Liability

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 athletic 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 athletic 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 athletics.

**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 athletic participation. We understand that the student-athlete will be under the supervision and direction of a MCSD athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor MCSD can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases 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 in athletics.

**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-athlete is injured while participating in athletics 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:**

Date:

**Parent/Guardian:**

Date: