



VILLAGE CHRISTIAN SCHOOL RETURN TO PLAY LIABILITY WAIVER

All school sports participants must sign this consent form and liability waiver to be eligible to participate in any sports related activities at Village Christian School. Please read carefully.

I, _____, being a student of at least 18 years of age or older or, being the parent or legal guardian of a minor child (“My Student”) identified below, agree and consent to _____’s (“Student”) participation in any athletics program offered by Village Christian during the 2020-2021 school year (“Athletics Program”). In consideration of my/My Student’s participation in the Athletics Program, I, the undersigned, on behalf of Student, and behalf of myself, my (our) heirs, executors, administrators and assigns, hereby agree to the following terms and conditions:

1. VOLUNTARY PARTICIPATION

I understand and recognize that my/My Student’s participation in the Athletics Program offered by Village Christian School is strictly voluntary and participation is not required for graduation or part of any mandatory course work.

2. ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS

I acknowledge and understand that my/My Student’s participation in the Athletics Program may subject myself/My Student to various inherent risks, including risks that may or may not be obvious, that cannot reasonably be eliminated regardless of the care taken to avoid injuries. The specific risks may range from: (1) minor injuries, such as scratches, bruises, and sprains; (2) major injuries, such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; (3) negligence and carelessness of other participants; (4) catastrophic injuries, including paralysis, drowning and death; (5) dehydration, hypothermia, heat exhaustion, heat stroke, sunburn, severe fatigue, or similar reactions from exposure to outdoor elements; and (6) risks of contracting communicable diseases, illnesses or viruses, including but not limited to COVID-19.

I acknowledge and understand that the novel coronavirus, COVID-19, is a highly communicable infectious disease that can cause a range of possible severe medical conditions and can be fatal. I understand that the highly contagious nature of COVID-19 means that contact with others, or contact with surfaces that have been exposed to the virus, can lead to infection. I understand that individuals who may have been infected with COVID-19 may be asymptomatic for a period of time, or may never become symptomatic at all. I understand that because of its highly contagious and sometimes “hidden” nature, it is currently difficult to control the spread of COVID-19 or to determine whether, where, or how a specific individual may have been exposed to the disease.

A link to the current Centers for Disease Control (“CDC”) information regarding COVID-19 can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. A link to local Los Angeles County health information about COVID-19 can be found here: <http://publichealth.lacounty.gov/media/coronavirus/>. I understand that it is my responsibility to review this information and determine the risk for Student. I understand that COVID-19 is associated with a serious and potentially deadly condition called Multisystem Inflammatory Syndrome in Children (“MIS-C”).

I also acknowledge and understand that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19. I understand that the risk of becoming exposed to or infected by COVID-19 from my/My Student’s participation in the Athletics Program may result from the actions, omissions, or negligence of myself/my Student, and others, including but not limited to, Village Christian School, its officers, trustees, directors, employees, agents, volunteers and students. I acknowledge and understand that Village Christian School cannot limit all potential sources of COVID-19 infection, and that my/My Student’s participation in the Athletics Program may increase my/My Student’s risk of becoming exposed to, contracting, or spreading COVID-19. I acknowledge that I have all information that I may need to determine the risks associated with my/my Student’s participation in the Athletics Program and to make an informed assumption of those risks.

I understand that there is currently no vaccine to prevent COVID-19, and public health officials from CDC, the state of California, and Los Angeles County maintain that the best way to prevent contracting COVID-19 is by avoiding exposure to the virus, including by maintaining a physical distance of at least six (6) feet from others, and avoiding gathering in groups. I also understand that to participate in the Athletics Program, I/My Student will be gathering in groups and may be unable to maintain a physical distance of at least six (6) feet from others at all times.

3. ACCEPTANCE OF ASSUMPTION OF RISK

By signing this agreement, I acknowledge and agree that Student is fully capable of participating in the Athletics Program. My/My Student’s participation in the Athletics Program is purely voluntary and that no one is forcing me/my Student. Additionally, by signing this agreement, I/My Student elect to participate in the Athletics Program in spite of and with full knowledge of all risks and dangers associated with my/My Student’s participation in the Athletics Program, known or unknown, and inherent or otherwise.

I further acknowledge and understand that I/My Student will be responsible for minimizing risk through responsible behavior. This includes adherence to proper standards of conduct, and to follow rules, regulations, and specific instructions set forth by the adult supervision in charge of the activity, the school’s handbook, policies and procedures on COVID-19 safety, and me as a parent/guardian. Failure to do so may increase the risk of injury, loss or illness. I understand that even if I/My Student follows all directions, instructions, and rules and exercises utmost personal care, there will remain a certain irreducible inherent risk in my/my Student’s participation in the Athletics Program, and I accept that risk.

I accept responsibility for notifying the school’s health provider staff of any pre-existing conditions affecting me/my Student.

I further understand and acknowledge that Village Christian School will not allow me/my Student to participate in such activities without my acceptance and signature on this agreement.

4. RELEASE FROM LIABILITY

I voluntarily assume full responsibility for any injury, loss or illness, including exposure to any communicable diseases, illnesses or viruses, including but not limited to COVID-19, which I/my Student may suffer, arising in whole or in part from my/my Student's participation in sports-related activities at Village Christian School.

To the fullest extent permitted by law, I voluntarily release, discharge, waive and relinquish all claims Village Christian School, its officers, trustees, directors, employees, agents, and volunteers (collectively "Released Parties") of any and all legal or financial responsibility, including, but not limited to, any personal injury, disability, illness, damage or death from exposure to COVID-19, whether such exposure occurs before, during or after my/My Student's participation in the Athletics Program. I also agree, on behalf of myself, my personal representatives and heirs, not to make any type of legal or equitable claim on Released Parties with respect to any exposure that I/My Student may have to COVID-19, whether or not it arises through the negligence, omission, default or other action of anyone affiliated with the School, including fellow students.

I have carefully read and fully understand all provisions of this release, and freely and knowingly assume the risk and waive my rights concerning liability as described above:

Student Signature: _____ Date: _____

Student Name (printed): _____

Unless one parent has had his/her parental rights terminated by court order, both living parents/guardians must sign this form in order for your child to participate in the Athletics Program.

Signature of Parent(s)/Guardian(s): _____ Date: _____

Name of Parent(s)/Guardian(s) (printed): _____

Signature of Parent(s)/Guardian(s): _____ Date: _____

Name of Parent(s)/Guardian(s) (printed): _____