

COVID-19 Consent, Waiver, and Release Agreement

This form requires the signature and initials of the Student (regardless of age) and Parent/Guardian.

I _____ (Parent/Guardian) and _____ (Student) understand and agree that Student will be utilizing Clark County School District ("CCSD") facilities and equipment and participating in one or more extracurricular activities or programs related to approved Nevada Interscholastic Activities Association ("NIAA") sporting events authorized during the 2022-2023 school year (to the extent applicable to Student, the "Program").

_____/_____
Parent/Guardian
and Student Initials

We understand and agree that Student's participation in the Program is not required and is entirely voluntary.

_____/_____
Parent/Guardian
and Student Initials

Given that the Program is voluntary, and is not a mandated educational activity, I/my Student understand that CCSD will require COVID-19 testing for any student who is not up to date with the COVID-19 vaccination as a condition of participation in the Program.

_____/_____
Parent/Guardian
and Student Initials

I/my Student agree that prior to the start of the Program, if applicable, I will have my Student tested for COVID-19 on my own time and at my own cost. The Student must test negative for COVID-19 prior to participation in the Program.

_____/_____
Parent/Guardian
and Student Initials

When required by CCSD, students will self perform an at-home test on a weekly basis and provide the results to the school. **I hereby give consent for my Student to self-administer testing for COVID-19 at home.** I also consent to the **release of the results of the COVID-19 test to the school.**

_____/_____
Parent/Guardian
and Student Initials

We further understand and agree that the ongoing COVID-19 pandemic requires CCSD students and staff to take precautions that would otherwise not be required during other school-related activities or Programs. Accordingly, we agree that Student will strictly comply with all social distancing, hygiene, health, safety, and other COVID-19-related requirements or restrictions (collectively, the "Protocols") set forth in the attached Student Athletic and Activities COVID-19 Protocols, which is incorporated herein by this reference. The Protocols may be amended at any time by CCSD. If the Protocols are amended, the Student will strictly comply with all such amendments, which are also incorporated herein by this reference.

_____/_____
Parent/Guardian
and Student Initials

We further understand and agree that Student's failure or refusal to comply with any of the Protocols at any point in time while the Protocols are in effect will result in Student's immediate removal from the Program until such time as Student is willing and able to comply with all of the Protocols. Repeated violations of the Protocols will result in a permanent ban on Student's participation in the Program.

_____/_____
Parent/Guardian
and Student Initials

WE FURTHER UNDERSTAND THAT EVEN IF STUDENT AND ALL OTHER PARTICIPANTS IN THE PROGRAM COMPLY WITH ALL OF THE PROTOCOLS AT ALL TIMES AND IN ALL RESPECTS, STUDENT MAY STILL BE EXPOSED TO OR CONTRACT COVID-19 IN CONNECTION WITH OR AS A RESULT OF THEIR PARTICIPATION IN THE PROGRAM, WHICH COULD RESULT IN SELF-ISOLATION, MILD TO SERIOUS ILLNESS, VENTILATOR USE, TEMPORARY OR PERMANENT DISABILITY, AND/OR DEATH TO STUDENT. IN ADDITION, SHOULD STUDENT BE EXPOSED TO OR CONTRACT COVID-19, MEMBERS OF STUDENT'S HOUSEHOLD AND/OR ANYONE WHO COMES INTO CONTACT WITH STUDENT AT ANY POINT IN TIME WHILE STUDENT IS CAPABLE OF TRANSMITTING COVID-19 MAY BE EXPOSED TO OR CONTRACT COVID-19, WHICH COULD RESULT IN SELF-ISOLATION, MILD TO SERIOUS ILLNESS, VENTILATOR USE, TEMPORARY OR PERMANENT DISABILITY, AND/OR DEATH TO SUCH INDIVIDUAL(S). IN SPITE OF THE FOREGOING, PARENT/GUARDIAN AND STUDENT ASSUME ALL RISK OF INJURY, ILLNESS, OR LOSS OF LIFE TO STUDENT ARISING OUT OF STUDENT'S PARTICIPATION IN THE PROGRAM.

_____/_____
Parent/Guardian
and Student Initials

We further understand that Student will not be covered under any CCSD program or policy of insurance in relation to Student's participation in the Program, and that Parent/Guardian will be responsible for any medical bills or other costs resulting from any illness, injury, disability, or death resulting from Student's participation in the

COVID-19 Consent, Waiver, and Release Agreement

Program, including, without limitation, any illness, injury, disability, or death related to or resulting from Student's exposure to or contraction of COVID-19.

_____/_____
Parent/Guardian
and Student Initials

We further understand and agree that **if Student tests positive for COVID-19, it must be reported** to the school administrator and either the athletic director or team coach. The Student must immediately self-isolate at home until **all** of the current isolation/quarantine guidelines are met. A negative test is not required to return to the Program. A negative test does not allow an early return to the Program.

_____/_____
Parent/Guardian
and Student Initials

We further understand and agree that **if Student exhibits symptoms of COVID-19** the Student will isolate and **will get tested** for COVID-19. **If the Student tests positive, it must be reported** to the school administrator and either the athletic director or team coach. The Student must immediately self-isolate at home until current isolation/quarantine guidelines are met. A negative test is not required to return to the Program. A negative test does not allow an early return to the Program.

_____/_____
Parent/Guardian
and Student Initials

We further understand and agree that **if Student is directly exposed to a COVID-19 positive person, it must be reported** to the school administrator and either the athletic director or team coach. The Student must self-isolate until current isolation/quarantine guidelines are met.

_____/_____
Parent/Guardian
and Student Initials

We further understand and agree that the Student may lose conditioning during a self-isolation period and may require additional time to return to pre-isolation condition.

_____/_____
Parent/Guardian
and Student Initials

In consideration of being permitted to participate in the Program, Parent/Guardian and Student specifically release and forever discharge CCSD, its Board of School Trustees, employees, agents, administrators, teachers, counselors, advisors, and volunteers from all liability or claims for injury, illness, death, or loss of or damage to property which Student may suffer while participating in the Program. This discharge specifically includes, but is not limited to, liability or claims for injury, illness, death, or loss of or damage to property caused by Student's exposure to or contraction of COVID-19, caused by the negligence of CCSD, its Board of School Trustees, employees, agents, teachers, counselors, advisors, and volunteers, and/or caused by any other participant in the Program. Parent/Guardian and Student hereby agree to release CCSD, its Board of School Trustees, employees, agents, teachers, counselors, advisors, and volunteers and hold them harmless from all liability for any injury, illness, death, or loss of or damage to property, whether caused by Student's participation in the Program and/or exposure to or contraction of COVID-19, the negligence of CCSD, its Board of School Trustees, employees, agents, teachers, counselors, advisors, and volunteers, or whether based upon tort, breach of contract, breach of warranty, or any other legal theory. In signing this document, Parent/Guardian and Student fully recognize that if injury, illness, death, or loss of or damage to property occurs to Student while participating in the Program, including, without limitation, injury, illness, death, or damage to property caused by or related to Student's exposure to or contraction of COVID-19, Parent/Guardian and Student will not have any right to make a claim or file a lawsuit against CCSD, its Board of School Trustees, employees, agents, teachers, counselors, advisors, and volunteers for any claim or cause of action arising from any injury, illness, death, or loss of or damage to property arising in any way from Student's participation in the Program.

School: _____ Grade Level: _____ Sport: _____

Student Name (Printed): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____

COVID-19 Consent, Waiver, and Release Agreement

Health Screening Questions

I certify that I will screen my Student's health prior to their daily participation, and they will only participate if they answer "**no**" to **all** of the following symptoms/conditions:

1. Do you have a new cough that cannot be attributed to another health condition?
2. Do you have new shortness of breath that cannot be attributed to another health condition?
3. Do you have any one of the following symptoms: **fever (100° F or higher), chills, repeated shaking with chills, excessive fatigue, muscle pain, headache, sore throat, vomiting, nausea, diarrhea, increasing congestion, runny nose, or new loss of taste or smell?**
4. Within the last 10 days, have you come into close contact (within 6 feet for more than 15 minutes over a 24-hour period) with someone who has a laboratory-confirmed COVID-19 diagnosis or with anyone with COVID-19 symptoms?
5. Have you received a laboratory-confirmed positive COVID-19 diagnosis in the last 10 days?

COVID-19 Consent, Waiver, and Release Agreement

Student Athletic and Activity COVID-19 Protocols

1. Given that the Program is voluntary, and is not a mandated educational activity, the Clark County School District ("CCSD") will require COVID-19 testing as a condition of participation in the Program when community levels are designated as high.
2. Prior to the start of the Program, the parent/guardian will have the student who is not up to date with their COVID-19 vaccination tested for COVID-19 on their own time and at their own cost. The student must test negative for COVID-19 prior to participation in the Program.
3. **If the Student tests positive for COVID-19, it must be reported** to the school administrator and either the athletic director or team coach. The student must immediately self-isolate at home. A negative test is not required to return to the Program. A negative test does not allow an early return to the Program.
4. **If the Student exhibits symptoms of COVID-19** the Student will isolate and will get tested for COVID-19. **If the Student tests positive, it must be reported** to the school administrator and either the athletic director or team coach. The student must immediately self-isolate at home until current isolation/quarantine guidelines are met. A negative test is not required to return to the Program. A negative test does not allow an early return to the Program.
5. **If the Student is directly exposed to a COVID-19 positive person, it must be reported** to the school administrator and either the athletic director or team coach. The Student must self-isolate at home following current isolation/quarantine guidelines.
6. Students/Parent/Guardian(s) will perform a home-health screening prior to entering campus. Sign-in procedures for each sport/activity will be predetermined by the coach, advisor, and/or staff member.
7. If any student is feeling ill **in any way**, they must stay home. They must contact the head coach or other designated staff member and let them know they are not feeling well and will stay home.
8. All students must check in daily before each practice, game, or other Program event.
9. During high community levels, students are encouraged to minimize their arrival time prior to a game or practice session, to allow for departure and arrival without congestion.
10. Students are required to bring their own labeled, disposable water bottle. To prevent cross contamination and related infection transmission, refilling of water bottles will be managed by the coaches or staff.
11. Hand washing must be conducted whenever possible. When hand washing is not possible, hand sanitizer will be available to all students. Students will wash their hands or use hand sanitizer before practicing.
12. Locker room areas will be open after school hours to Students participating in the Program.
13. Designated bathrooms will be open. Students are required to wash their hands after bathroom use, during conditioning/intramural/practice sessions, and at the conclusion of the session. Students will be encouraged to wash hands throughout each conditioning/intramural/practice session.
14. There will be **no** sharing of clothes, shoes, towels, water bottles, or any other personal items.