

Athletics and Activities 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 2020-21 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 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, 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 COVID-19 testing will also be conducted by the school (or its representative) on a weekly basis for full-contact and close-contact sports for the duration of the season. **I/my Student hereby give consent for my Student to be tested for COVID-19.** I/my Student also consent to the **release of the results of the COVID-19 test to the Parent/Guardian** even if the Student is over the age of 18.

_____/_____
Parent/Guardian
and Student Initials We further understand and agree that the ongoing COVID-19/coronavirus 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 Program, including, without limitation, any illness, injury, disability, or death related to or resulting from Student's exposure to or contraction of COVID-19.

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_____/_____
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 following criteria are met: **at least 10 days** have passed since symptoms first appeared; **and** at least 24 hours have passed since last fever without the use of fever-reducing medications; **and** symptoms (e.g., cough, shortness of breath) have improved. 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 **all** of the following criteria are met: **at least 10 days** have passed since symptoms first appeared; **and** at least 24 hours have passed since last fever without the use of fever-reducing medications; **and** symptoms (e.g., cough, shortness of breath) have improved. 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 at home for **10 days**. The Student may return to the Program 10 days after their last exposure if they do not develop symptoms. However, a negative test result on day 5 or later will allow the student to return to the Program on day 8.

_____/_____
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: _____

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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?

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Student Athletic and Activities 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.
2. Prior to the start of the Program, the parent/guardian will have the student 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. COVID-19 testing will also be conducted by the school (or its representative) on a weekly basis for full-contact and close-contact sports (as defined in the directive(s) from the Nevada Governor's Office and the NIAA Guidelines).
4. **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 until **all** of the following criteria are met: **at least 10 days** have passed since symptoms first appeared; **and** at least 24 hours have passed since last fever without the use of fever-reducing medications; **and** symptoms (e.g., cough, shortness of breath) have improved. 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 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 **all** of the following criteria are met: **at least 10 days** have passed since symptoms first appeared; **and** at least 24 hours have passed since last fever without the use of fever-reducing medications; **and** symptoms (e.g., cough, shortness of breath) have improved. A negative test is not required to return to the Program. A negative test does not allow an early return to the Program.
6. **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 for **10 days**. The Student may return to the Program 10 days after their last exposure if they do not develop symptoms. However, a negative test result on day 5 or later will allow the student to return to the Program on day 8.
7. 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.
8. 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.
9. All students must check in daily before each practice, game, or other Program event. Upon walking into the assigned door/gate entrance the student will have their temperature taken (via contactless temperature screenings) and respond to the COVID-19 Health Screening Questions. If the student displays symptoms of COVID-19 (temperature of 100 degrees Fahrenheit or higher or if they say "yes" to any of the COVID-19 Health Screening Questions) or if there is any suspicion that they are sick or symptomatic, they will be required to return home, and the coach, advisor, or staff member will immediately contact the parent(s) and/or guardian(s) and school administration.
10. Students are encouraged to minimize their arrival time prior to a game or practice session, to allow for departure and arrival without congestion.
11. 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.
12. 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.

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**Student Athletic and Activities
COVID-19 Protocols Continued**

13. Locker room areas will be open after school hours to Students participating in the Program.
14. 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. Showers will not be available. Students will arrive and leave in the same clothing. Students will be encouraged to wash hands throughout each conditioning/intramural/practice session.
15. There will be **no** sharing of clothes, shoes, towels, water bottles, or any other personal items.
16. There will be no parent(s) and/or guardian(s), spectators, or outsiders of any kind permitted on school property. This includes outdoor facilities (football field, soccer fields, and tennis courts).
17. Appropriate clothing is always required during workouts/practices (shirts are required at all times). Students will be required to come to sessions with their own face coverings that comply with at least the minimum standards set forth in the most current and any future directive(s) from the Nevada Governor's Office (including, without limitation, Directive 024 (June 24, 2020)) and the NIAA Guidelines, and any amendments thereto. Face coverings can be removed when performing long-distance running or strenuous activities, but social distancing requirements must remain in effect at all times during the times of face mask removal.
18. The Governor's directives will be complied with regarding capacity/sizing of cohorts/groups of students, coaches, advisors, and/or staff members.
19. Each student will be assigned a specific area or station for the entire practice. Walking around the premises, congregating, or moving to an area with a different cohort or group is not permissible.
20. Weight room workouts will be created with less weight and higher repetition, so that "spotting" of each student is not necessary. Each student must individually work out. Coaches/staff will monitor all students and assist as needed. Stations in the weight room will be marked with tape. Six-foot distancing must be enforced with sufficient spacing so athletes can safely and properly train.
21. Cheerleading will **NOT** include stunting, lifts, tosses, or baskets so mats are not required or used.
22. Once a workout/training session is complete, each participant will remain in their assigned area. A designated coach, advisor, or staff member will give further directions before activity completion and as students leave their assigned area. Each area will be released separately to avoid a bottleneck during egress.