

Assumption of Risk, Waiver, Release & Hold Harmless

COVID-19 Sports and Extracurricular Activities 2020-2021

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by St. Vincent Academy, Newark NJ. The novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be contagious and spread by person -to- person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19.

SVA will conduct certain extracurricular activities and sports beginning in September of 2020 and continuing throughout the 2020-2021 school year. For the safety of all people involved, participants in the activity will be required to adhere to all safety protocols and are subject to immediate removal from the activity if they do not comply. Extracurricular activities are a privilege, and not a right, of SVA students.

In an effort to ensure the safety and wellness of our school community, I understand the importance of students being healthy and safe when they participate in the activity. By signing below, I agree that I will:

- Perform daily temperature checks in my child(ren) to screen for fever before arrival for the activity, Fever is defined as a temperature over 100.3F. If my child(ren) has a fever, I will not permit my child(ren) to participate in the activity until she has been without a fever for at least 5 days.
- Make a visual inspection of my child(ren) for signs of illness which could include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in the activity until she has been without signs or symptoms for at least 5 days.
- Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child(ren) has been in contact with such a person, I will not permit my child(ren) to participate in the activity until 14 days have elapsed since the time of contact.
- Promptly pick up my child(ren) or arrange for pick up if signs or symptoms of illness are present. I understand that my child(ren) is to remain home until illness-free for at least 5 days without the use of medicine.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by, including COVID transmission, as a result of participation in the activity, and that such exposure or infection may result in personal injury, illness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), SVA staff, volunteers, other activity participants, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of my and my child(ren) being able to participate in the activity, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold St. Vincent Academy and its employees harmless from any and all claims, suits, liability, actions, judgements, attorney's fees, cost, and any expenses of any of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the activity.

By signing this document, you are giving up any right to make a claim or file lawsuit regarding your child(ren)'s participation in the activity including any claim based on the negligent acts or omissions of school employees.

Signature of Parent/Guardian

Signature of Student

Print Name of Parent/Guardian

Print Name of Student

Date of Signature

Date of Signature