

CENTRAL BUCKS SCHOOL DISTRICT

PARENT/GUARDIAN CONSENT AND WAIVER OF LIABILITY

COVID-19

Student's Name: _____ Grade: _____

Sport or Activity: _____

Parents and Guardians are advised that the COVID-19 pandemic is a new disease with limited information, but what is known is that it seriously affects older adults and people of any age who have a serious underlying medical condition. COVID-19 can be life-threatening and based on the information available, it is transmitted by close person-to-person contact or by exposure to surfaces where the COVID-19 virus may be present.

Students participating in athletics or other activities who may have an underlying medical condition may have an increased risk of contracting COVID-19 which may have serious consequences.

The following is a partial list of underlying medical conditions that can be adversely affected by COVID-19:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised (many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medication)
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

Notwithstanding the risks that may be inherent with participating in activities, including sports, I desire that the student identified above be able to participate in sports and other activities and I acknowledge the possibility that he/she may contract COVID-19 and the consequences related thereto. As a result of my consent to the above student's participation, I herein waive release and forever discharge Central Bucks School District, its Board of School Directors, employees, agents, administrators and attorneys, for myself and the student named above, from all claims, demands, damages, actions, causes of actions, suits at law or in equity of whatever kind or nature, whether civil, criminal or mixed, relating to the student's participation in sports and other activities and contracting COVID-19 and the consequences related thereto, as a result of that participation.

In addition to the content of the preceding paragraph of this Consent and Waiver, I further understand and acknowledged that my student identified above, will be participating in a sport that makes wearing a mask during competition and practice difficult as the sport is strenuous and wearing the mask may cause a respiratory problem for my student. I understand, consent and agree that the student above-referenced, NEED NOT wear a mask during the actual competition and during practices but that at all other times he/she shall wear a mask while participating in the sport or activity. In addition to the

waiver previously mentioned, I herein waive, release and forever discharge the Central Bucks School District, its Board of Directors, employees, agents, administrators and attorneys, for myself and the student above named from all claims, , demands, damages, actions, causes of actions, suits at law or in equity of whatever kind or nature, whether civil, criminal or mixed, relating to the student's participation in sports and other activities and contracting COVID-19 and the consequences related thereto, as a result of that participation. As a result of participation by my student in the sport at time when not wearing a mask.

By executing this Waiver, I understand, and the student identified above understands, that he/she may have a higher risk of contracting COVID-19 and by signing this form the student and I, as parent and/or guardian, may be precluded from filing a claim against the District because of the student's contracting of COVID-19. As a result of participation

Furthermore, by executing this form I warrant and represent to the Central Bucks School District that the student named above does not have any of the medical conditions noted above and/or does not otherwise have a high risk medical condition.

Parent/Guardian Signature: _____

Parent/Guardian Name (please print): _____

Date: _____