

Shenango Area School District
Athletics & Extracurricular Activities
COVID-19 Assumption of Risk, Waiver, Release & Hold Harmless

In order to compete or participate in any athletic or other extracurricular activity provided by Shenango Area School District, this waiver, which reviews the risks associated with participating in optional extracurricular activities, required actions of the individual to safely participate, and intended actions and safeguards held in place by Shenango Area School District, must be read and signed by both student and parent/guardian.

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by Shenango Area School District. I acknowledge that 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, Commonwealth, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19, therefore participation in such activities may increase risk of exposure and contraction of COVID-19.

SASD will conduct certain extracurricular activities during the 2020-21 school year. These activities will be conducted with safety procedures and protocols in place as deemed necessary by national, state, and local government as well as other affiliated organizations including PIAA, WPIAL, and NFHS. Extracurricular activities are a privilege, and not a right, of public-school students. For the safety of all people involved, participants in any activity will be required to adhere to all safety protocols and are subject to immediate removal from the activity if they do not comply.

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 on my child(ren) to screen for fever before arrival for the activity. Fever is defined as a temperature over 100.4 F. If my child(ren) has a fever, I will not permit them to participate in the activity until he/she has been without a fever for at least 72 hours. I also agree that the District may screen my child(ren) for a fever and other symptoms of COVID-19 prior to allowing participation in any extracurricular activities.
- 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), fatigue, 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 he/she has been without signs or symptoms for at least 72 hours.
- Confirm that my child(ren) has not been in contact with someone who has tested positive for COVID-19 or is awaiting 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 negative test results can be verified or until cleared by a medical professional.
- Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are present. I understand that children are to remain home until illness-free for at least 72 hours without the use of medicine.

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By signing this document, I acknowledge and affirm all of the statements above and assume an increased risk that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of participation in the voluntary activity and increased exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from my own actions, and/or those of my children, SASD staff, volunteers, or agents, other activity participants, or others not listed. Finally, I acknowledge that the above guidelines may change at any time due to recommendations by the Centers for Disease Control (CDC), the Commonwealth of Pennsylvania, the Department of Health, the Shenango Area School District, or any other regulating entity and I will abide by any changes.

In consideration of my child(ren) being able to participate in the activity, I, on my own behalf and on behalf of my child(ren) or other family member assisting me in the participation in the activity, hereby waive, release, and hold the School Board of Shenango Area School District, and its employees and agents harmless from any and all claims, causes of actions, fees, costs, and any expenses of any sort or kind from exposure to and/or infection from COVID-19, 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.

Student Activity

Signature of Parent/Guardian

Signature of Student

Print name of Parent/Guardian

Print name of Student

Date of signature

Date of signature