



## COVID-19 SUPPLEMENTAL WAIVER OF LIABILITY

The Anchorage School District (“ASD”) currently plans to allow sporting events or similar activities (herein referred to as “EVENT”) to take place. In consideration for being permitted to compete, officiate, observe, work, or participate in such an EVENT, I, for myself and my student, agree to the following:

1. I affirm neither I, nor my student, nor anyone in my immediate household, including the actual participant(s) in the EVENT, have been diagnosed with, demonstrated any symptoms of, or have in any way been exposed to any communicable diseases, including the novel coronavirus known as COVID-19 and/or any mutation or variation thereof (“COVID-19”) within the past ten (10) days.
2. I acknowledge I am aware that by entering the premises and participating in the EVENT that there are risks to me and my student of being exposed to COVID-19. I am also aware such an exposure can occur directly or indirectly. If my student has tested positive for COVID-19 within the last ninety (90) days, or if my student tests positive for COVID-19 or is symptomatic in the future, I hereby agree to consult a pediatrician or equivalent healthcare provider to evaluate the health of the student and their ability to participate in the EVENT. I further agree to comply with all of the recommendations made by the pediatrician or healthcare provider regarding the proper treatment, restrictions, and protocols for participating in the EVENT. ASD will support pediatrician or healthcare provider in implementing the proper protocols for the student.
3. I understand certain individuals are more susceptible to becoming seriously ill if they contract COVID-19, including people over the age of 65, people with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune systems are compromised. I understand if I, or my student, including the actual participant(s) in an EVENT, fall within one or more of these categories, there is a greater risk. I further understand COVID-19 affects the respiratory system and may also affect the heart, which could include long-term consequences, including *Myocarditis*, which is an inflammation of the heart muscle. This inflammation may remain undetected for months after having COVID-19 and is one of the leading causes of sudden cardiac arrest in athletes in the United States.
4. I understand while ASD strives to maintain everyone’s safety at all EVENTS, ASD cannot eliminate all risks. ASD’s staff may be negligent or make mistakes, when trying to eliminate or mitigate the risks, including the risk of contracting COVID-19. By signing this Waiver, ASD asks you (and anyone that could legally stand in your place) to ASSUME ALL RISKS associated with you or your student’s involvement in the EVENT.
5. I hereby voluntarily agree to RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE ASD and/or its officers, directors, and employees; the Anchorage School Board; and any individuals, companies, or associations having anything to do with an EVENT, including promoters, participants, officials, and owners of the premises where an EVENT takes place (hereinafter referred to as “Releasees”). By signing this document, RELEASEES WILL BE RELEASED FROM ANY AND ALL LIABILITY for any and all loss or damage whether caused by the negligence of the Releasees or otherwise.
6. I hereby agree to INDEMNIFY AND HOLD HARMLESS the Releasees from any loss, liability, damage, or cost (including reasonable attorneys’ fees) they may incur arising out of or related to my illness or death, or the illness or death of my student, including the actual participant(s) in the EVENT, whether caused by the negligence of the Releasees or otherwise.

**BY SIGNING BELOW, YOU AGREE THAT YOU HAVE READ AND UNDERSTOOD THIS WAIVER AND RELEASE, AND AGREE TO BE BOUND BY ITS TERMS.**

Student Name: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_