



**Extra-Curricular School Activities/ School Sports Participation Agreement  
RELEASE OF LIABILITY, ASSUMPTION OF THE RISK**

**Please read this document completely. By signing this waiver, you are assuming the risks of injury and/or damages incurred while your child and you are participating in Athletics and Extra-Curricular Activities at Peoria Unified School District and releasing the District from any claims, suits, damages and expenses related thereto.**

I hereby acknowledge that my child, if I am signing for them as their legal parent/guardian, or myself, voluntarily desires to participate in athletic (or extra-curricular activities) at "Peoria Unified School District (District). These activities include, without limitation intramural sports, District sponsored events and/or any other sport or activity associated, sponsored or affiliated with the District. I recognize and expressly agree that participating in any sport or activity associated with athletics is an inherently dangerous activity. Further, I recognize that injuries or damages can occur despite the District's best efforts to avoid them and that the District cannot guarantee Participant's Safety.

**Waiver and Release from Liability:**

In consideration of permission to participate in all activities, today and for all future dates I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the District, its board, officers, employees and agents for any damages, injuries, accidents, illnesses or property loss to myself or others arising from my child's/my participation in activities, classes, observation or use of facilities, premises, or equipment.

**Assumption of Risks:**

There are many risks associated with participation in extra-curricular and/or physical activities. The risks range from minor injuries, such as scratches, bruises, and sprains to major injuries such as eye injury or loss of sight, joint or back injuries, broken bones, concussions and brain injuries to catastrophic injuries including paralysis and death. I hereby acknowledge that my child's, or my participation is voluntary and that I knowingly assume all such risks. I further expressly agree that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Arizona.

**Acknowledgement of Understanding:**

I have read this Waiver and Release of Liability and fully understand its terms. I acknowledge that I am signing the agreement freely, voluntarily, and intend by my signature, to be a complete and unconditional release of all liability to the greatest extent allowed by law. This document applies for the entire duration of my child's, or my participation in school physical activities and sports at the Peoria Unified School District.

\_\_\_\_\_  
Student (Participants) Name

\_\_\_\_\_  
Parent's (Guardian) signature

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## COVID 19

### **Camp/Clinic/Activity Participation Agreement RELEASE OF LIABILITY, WAIVER, and ASSUMPTION OF THE RISK**

On behalf of myself, my household members, and as parent and lawful guardian of my minor child, \_\_\_\_\_, I hereby give permission for my child to participate in the Peoria Unified School District camp/clinic/activity at \_\_\_\_\_. My child and I are familiar with, and knowingly and voluntarily accept any and all risks associated with the camp/clinic/activity on a school campus. I acknowledge that my child's participation in this program is wholly voluntary and is not part of any regular school curriculum.

I specifically assume all risks and hazards associated with my child's participation in the camp/clinic/activity including, but not limited to, the risks associated with the COVID-19 or similar type virus. I understand that my child will be associating with staff, volunteers, and other children and may contract COVID-19, and other viruses and diseases, through my child's participation in the camp/clinic/activity. Although the children and staff/volunteers may have their temperatures taken upon entering the facility, that precaution is not nearly adequate to prevent the spread of COVID-19 given, among other things, the relatively long incubation period, and the fact that many infected persons are asymptomatic. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household.

I certify that my child is in good health, has no fever, and has no current issues that make it unsafe for my child to participate in camp/clinic/activity, which may not have a medical professional on staff. I will notify the school and not send my child to the camp/clinic/activity if my child develops a fever or illness or tests positive for COVID-19.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind, including serious injury or death, against the Peoria Unified School District, its insurers, the district's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to my child's participation in camp/clinic/activity. Including but not limited to exposure to the COVID-19 virus as we are assuming that risk.

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_