



# Eng2020-2021 DJUHSD COVID-19

## AFFIRMATION FORM

This document must be signed by the parent/guardian before your student can participate in DJUHSD athletics.

Dear Athlete and Parent/Guardian,

DJUHSD is taking reasonable measures to prevent the spread of COVID-19 infection, I acknowledge that DJUHSD has put in place preventative measures to reduce the spread of the Coronavirus/COVID-but cannot guarantee that my son/daughter will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of my son/daughter and others, including, but not limited to, DJUHSD staff, and other DJUHSD students and their families.

By signing this Informed Consent Agreement, you acknowledge, accept, and agree to all the following (Athlete and, if the Athlete is a minor, Parent/Guardian Must Initial and Sign):

Participation in athletics is purely voluntary.

I fully understand the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities recommend practicing social distancing as well as wearing face coverings while in public spaces. I further acknowledge that prevention of the spread of the Coronavirus/COVID-19 is a shared responsibility by all.

Neither the Athlete nor Parent/Guardian will attend meetings, practice and/or competitions if any of the following apply:

A. The Athlete or any member of their household is exhibiting one symptom(s) of COVID-19 first appear within the last 10 days: fever (at or over 100.4°F or 38°C) or chills, cough, shortness of breath or difficulty breathing, feeling tired, muscle or body aches, headache, sore throat, nausea or vomiting, diarrhea, congestion or runny nose, or new loss of taste or smell. The Athlete or Parent/Guardian, if the Athlete is a minor, will check Athlete's temperature at home prior to attending meetings, practices, and/or competitions; and Athlete will not attend if their temperature is at or over 100.4°F or 38°C.

B. The Athlete or any member of their household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19 or pending COVID test.

C. The Athlete or any member of their household has spent time with another individual who has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.

D. The Athlete or any member of their household is currently under isolation or quarantine orders.

E. My son or daughter DOES NOT have a history of cardiac problems (high blood pressure, irregular heartbeat) moderate to severe asthma, cancer, kidney disease or sickle cell disease.

If the Athlete tests positive for COVID-19 or has been identified as being exposed to an individual that has tested positive for COVID-19, the Athlete or Parent/Guardian, if the Athlete is a minor, agrees to immediately inform DJUHSD. I consent to the DJUHSD providing such information to KCDPH or any other the

administrative body as required by law. I agree to willingly cooperate with any contact tracing that is deemed necessary by the DJUHSD and / or KCDPH.

We are aware that the Athlete may be exposed to COVID-19 while participating in or attending meetings, practices and/or competitions. We understand that this exposure carries a risk of infection, serious illness, or death for both the athlete and their household members.

We acknowledge DJUHSD, the Governor, State Department of Health, KCDPH, or other administrative body with authority over DJUHSD may determine to cancel a competition or the season at any time. We also acknowledge DJUHSD must comply with any mandates issued by any entity with the authority over athletics and agree to comply with any such directives even if issued after signature to this agreement.

Athlete and Parent/Guardian, if the Athlete is a minor, is/are aware that practices, games, spectating, and/or transportation will look different than prior years, including the need for physical distancing and the correct and consistent use of face masks. We agree to comply with the direction provided by the coaching staff and acknowledge that the failure to do so may result in the Athlete being refused participation at practice, competitions, and/or the entire sport season.

Athlete is voluntarily participating in athletics. Athlete or Parent/Guardian, if the Athlete is a minor, agrees to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.

I am the parent who has completed the FamilyID documentation as the parent/guardian of this student and have honestly completed the Family ID registration documentation to the best of my ability.

I/WE HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM/WE ARE AWARE OF THE RISKS OF PARTICIPATING IN ATHLETICS DURING THE COVID-19 PANDEMIC. I AM/WE ARE AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY AND WAIVER OF ALL CLAIMS. I AM/WE ARE SIGNING THIS AGREEMENT VOLUNTARILY, FULLY AWARE OF THE RISKS AND MY RELEASE AND WAIVER OF ANY CLAIM AGAINST THE DJUHSD ITS EMPLOYEES, AGENTS, BOARD MEMBERS, OR OTHER RELATED ENTITIES.

**I am the legal parent/guardian of:**

Student' Name (print) \_\_\_\_\_

Parent/Guardian's Name (print) \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_(\_\_\_\_\_) \_\_\_\_\_

Date Signed \_\_\_\_\_