

**Wayne Highlands School District  
Athletic Department  
Participation Waiver for Communicable Diseases Including COVID-19**

COVID-19, which is a highly contagious illness that attacks the upper respiratory system, has presented our school, district, community, state, and nation with several challenges. Some severe outcomes have been reported in children, and a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable.

While it is not possible to eliminate all risk of furthering the spread of COVID-19, the WHSD will take necessary precautions and comply with guidelines from the federal, state, and local governments, CDC, PA DOH, NFHS, and PIAA, to reduce the risks to students, coaches, and their families. As knowledge regarding COVID-19 is constantly changing, Wayne Highlands SD reserves the right to adjust and implement precautionary methods as necessary to decrease the risk of exposure for our staff, students, and spectators. Some precautionary methods in the WHSD Resocialization of Sports Recommendations include but may not be limited to:

1. Health screenings to include questionnaire and/or temperature scans prior to any practice, event, or team meeting with participation in the activities being limited and/or prohibited where an individual displays positive responses or symptoms.
2. Encourage social distancing and promote healthy hygiene practices such as hand washing, using hand sanitizer, etc.
3. Intensify cleaning, disinfection, and ventilation in all facilities.
4. Educate Athletes, Coaches, and Staff on health and safety protocols.
5. Require Athletes and Coaches to provide their own water bottle for hydration.

By signing this form, the undersigned student and parent/guardian voluntarily agree to the following waiver and release of liability: The undersigned parties agree to release and discharge all claims for by me as a student, as well as our personal representatives and heirs, and as a parent or legal guardian for the student named below, against the WHSD, together with its Board of Directors, officers, agents, employees, and volunteers, and will hold them harmless from any and all liability, or actions for personal injury, psychological injury, sickness, death, or claims resulting from personal injury or property damage, of any nature whatsoever, which may be incurred by the Student and/or the parent/guardian, relating to or as a result of the student's participation in athletic programs, events, and activities during the COVID-19 pandemic.

The undersigned acknowledge that participating in athletic programs, events, and activities may include a possible exposure to a communicable disease including but not limited to MRSA, influenza, and COVID-19. The undersigned further acknowledge that they are aware of the risks associated with COVID-19 and that certain vulnerable individuals may have greater health risks associated with exposure to COVID-19, including individuals with serious underlying health conditions such as, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, and those whose immune systems that are compromised by chemotherapy for cancer, and other conditions requiring such therapy. While recommendations and personal discipline may reduce the risks associated with participating in athletics during the COVID-19 pandemic, the risk of serious illness, medical complications and possible death does exist.

We knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for Student's participation in athletics during the COVID-19 pandemic. We willingly agree to comply with the stated recommendations put forth by the WHSD to limit the exposure and spread of COVID-19 and other communicable diseases. This includes advising staff immediately if the student is experiencing symptoms of the diseases listed above and also that the student discontinue the activity if the student becomes symptomatic, and that the student not return to the activity until cleared by a doctor that it is okay to do so. We certify that our student is in good physical condition or believe our student to be in good physical condition and allow participation in this sport at our own risk.

Sport: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parents/Guardians may request a full copy of the WHSD Resocialization of Sports Recommendations. Contact Diane Scarfalloto, AD at dscarfalloto@whsdk12.com.