



# WYTHE COUNTY PUBLIC SCHOOLS

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Future Primum A Nobis  
The Future Begins with Us

Scott L. Jefferies, Ed.D.  
DIVISION SUPERINTENDENT

## **Assumption of Risk, Waiver, Release & Hold Harmless**

### **COVID-19 Athletics & Extracurricular Activities Summer 2020 School Year 2020-2021**

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by the School Board of Wythe County, Virginia, and the Wythe County School District (collectively, "WCPS"). I acknowledge the novel coronavirus known as COVID-19 has been declared a worldwide pandemic resulting in the Governor of Virginia declaring a state of emergency in the Commonwealth of Virginia. The virus is believed to be contagious and spread by person-to-person contact or proximity:

COVID-19 spread mainly among people who are in close contact (within about 6 feet) for a prolonged period. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose move through the air onto another person or a surface or object the other person subsequently touches while the virus remains live. Anyone can get or spread the virus. Everyone has a role to play in slowing the spread of the virus and protecting themselves, their family and the community.

Federal, Commonwealth, and local agencies recommend social distancing, masks, and other measures to minimize the risk of spread of COVID-19.

WCPS will conduct certain extracurricular activities beginning in the Summer of 2020 and continuing into the 2020-21 school year. These activities (hereinafter referred to as "Activity") will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity if they do not comply. Participation in extracurricular activities is a privilege, and not a right.

To promote the safety and wellness of our school community, I understand the importance of taking responsible steps to promote student health and safety when participating in an Activity. By signing below, I agree I will undertake the following Precautions as a condition of participation of myself and/or my child(ren) (collectively referred to as "Participant") in the Activity:

- Perform daily temperature checks on the Participant(s) to screen for fever before arrival for the Activity. Fever is defined as a temperature over 100.4 F or 38.0 C. If a Participant has a fever, I will not permit the Participant to participate in the Activity until he/she has been without a fever (without medical intervention) for at least 72 hours. I also agree that the District also may screen Participants for a fever prior to allowing participation in any Activity.
- Inquire and/or make a visual or tactile inspection of Participant(s) 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, extreme fussiness, or any other symptom now or hereafter recognized by the Centers for Disease Control (CDC) as a symptom of COVID-19. If a Participant has exhibited any of these signs or symptoms, I will

not permit the Participant to participate in the Activity until he/she has been without signs or symptoms (without medical intervention) for at least 72 hours.

- Confirm that no Participant has been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If any Participant has been in contact with such a person, I will not permit the Participant to participate in the Activity until 14 days have elapsed since the time of contact and no symptoms have manifested in the Participant.
- Promptly pick up the Participant(s) or arrange for pickup if signs or symptoms of illness are present. I understand that Participants are to remain home until released from any quarantine and illness-free for at least 72 hours without the use of medicine.

By signing this document, I acknowledge and affirm my commitment to follow and meet the Precautions above as a condition of the Participant's(') participation. Further, I understand and agree Participant may be refused participation if it comes to the attention of WCPS the Precautions have not been followed or met.

I also understand and acknowledge that despite the Precautions and other measures undertaken by WCPS and others involved in the Activity, Participant remains at risk of contracting COVID-19 due to participation in the Activity, which risk is elevated depending on how much physical proximity is inherently involved in the Activity. I voluntarily assume the risk that I and/or the Participant(s) may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in the symptoms identified above, as well as personal injury, illness, sickness, and/or death to myself, the Participant(s) and others we may be in contact with in the normal course of our lives (coworkers, other family members, neighbors, friends). I understand that the risk of exposure or infection may result from acts and omissions of myself, Participant(s), WCPS staff, volunteers, or agents, other Activity participants, or others not listed. By signing this document, I expressly acknowledge and agree to assume all such risks in connection with the Participant(s) participation in the Activity.

Finally, I acknowledge that the above Precautions and guidelines applicable to the Activity may change at any time due to recommendations by the CDC, the Commonwealth of Virginia, the Department of Health, the Virginia High School League, the School Board of Wythe County, Virginia, or any other regulating entity. I acknowledge and accept the possibility that the Activity may be truncated, drastically altered, or eliminated in the future, even mid-season, due to such recommendations.

In consideration of the Participant(s) being able to participate in the Activity, I, on my own behalf and on behalf of the Participant(s), hereby waive, release, and hold harmless the School Board of Wythe County, Virginia, and its employees and agents from any and all risks, 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 the Participant(s), or my or our representatives, have assumed hereunder or sustain during or related to the Participant's(') participation or involvement in the Activity.

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Signature of Parent/Guardian

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Signature of Student

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Print name of Parent/Guardian

\_\_\_\_\_  
Print name of Student

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Date of signature