



J.B. Beck Administration and Education Center  
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## **ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATED TO COVID-19/CORONAVIRUS**

### **PLEASE READ CAREFULLY AND ENTIRELY BEFORE SIGNING**

I understand that COVID-19 (Coronavirus) has been declared a worldwide pandemic by the World Health Organization. COVID-19 is considered to be extremely contagious and can result in a range of symptoms which include but are not limited to fever, shortness of breath, fatigue, loss of taste or smell, and nausea or vomiting. These symptoms can be mild or severe, sometimes resulting in death. COVID-19 is particularly dangerous for anyone with underlying health conditions or the elderly. For additional information on the spread and effect of COVID-19 please visit: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

I acknowledge that COVID-19 is primarily spread by person-to-person contact through respiratory droplets. These droplets can be released into the air when an infected person breathes, coughs, sneezes or talks. The droplets can be inhaled by another person, land in their nose or mouth, or land a surface that is later touched by another person. A person does not have to be showing signs of illness in order to spread this virus. I understand that the risk of person-to-person spread of the virus is increased by close physical contact, rapid breathing, and the release of bodily fluid (sweat, spit, vomit, or other bodily fluid). I acknowledge that participation in sporting events and athletic training can result in the above listed actions and could therefore, increase the risk of transmitting COVID-19.

By signing this Agreement, I acknowledge that I understand the risks related to COVID-19 and understand that the risk of contracting COVID-19 is increased by participation in athletic training and events. I voluntarily assume the risk of allowing my child, \_\_\_\_\_ (name of child), to participate in athletic training related to \_\_\_\_\_ (name of sport) at \_\_\_\_\_ (name of school) in Georgetown County School District. I understand that my child is not required to participate in athletic training at the school facilities at this time and that my decision at this time will not affect their eligibility to participate at a later date. I agree to notify my child's coach within 24 hours if my child has developed any symptoms of COVID-19 as described above and if my child has been tested for COVID-19. I voluntarily agree to assume all risks and accept sole responsibility for any injury or illness, up to and including permanent disability or death, for my child and/or myself and others we come into contact with. On behalf of myself, my child, and any successor guardian of my child, I hereby release, covenant not to sue, and agree to hold harmless Georgetown County School District, the coaches, athletic trainers, administrators, Board of Trustees, and all other individuals employed by Georgetown County School District for any and all claims, liabilities, damages, costs or expenses, related to any injury or illness resulting from my child's participation in athletic training and events, specifically including the contraction of COVID-19. I understand that this release includes any claims based on the actions, omissions, or negligence of Georgetown County School District or its employees.

By signing this Agreement, I acknowledge that I have read the foregoing fully and understand the contents of the Agreement. I acknowledge the risks associated with participation in athletic training and events and the possible contraction of COVID-19 and wish for my student to participate in athletic training and events at Georgetown County School District.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name of Student**

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Date