



Perspectives

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PERSPECTIVES CHARTER SCHOOL

2022-2023 SCHOOL YEAR

EXTRACURRICULAR CONSENT AND WAIVER

I give permission and authorize my/my student's participation in the sports activity program

(sport name) _____ of Perspectives Charter School ("PCS") and its related activities (including but not limited to intra-team scrimmages).

Acknowledgements and Assumption of Risk

I acknowledge and understand that participation in the Extracurricular Program may involve physical activities and risk of exposure to COVID-19, which is a highly contagious viral infection. Such risks include, but are not limited to, close contact with other participants, sharing equipment and shouting. I affirm that I/my student's health is good and that I/my student is fit to participate in any activities presented as part of the Extracurricular Program. I also affirm that I/my student does not suffer from, and is not under the care of a doctor for any condition that would prevent or limit my/my student's participation in the Extracurricular Program, and that I am responsible for consulting my/my student's physician before I/my student may engage in the Extracurricular Program if it may aggravate any condition that I/my student may have. I further acknowledge that my/my student's participation in the Extracurricular Program is entirely voluntary and is not required, encouraged, or directed by the District.

Further, I acknowledge and understand that, by participating, I knowingly and voluntarily assume all risks associated with my/my student's participation. I understand that these risks include potential injury, illness, allergic reaction, property damage, loss, and/or death, as well as potential exposure to COVID-19. I acknowledge that federal and state government officials have declared a public health crisis in our country related to COVID-19. I also acknowledge that the District cannot prevent me/my student from becoming exposed to, contracting, or spreading COVID-19 while participating in the Extracurricular Program.



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Health and Safety Precautions

I recognize the importance of complying, and agree that I/my student will fully comply with all applicable laws, policies, rules and regulations, and any school employee's instructions regarding participation in the Extracurricular Program. Specifically, I agree that I/my student will comply with all District instructions relating to health and safety precautions (e.g., testing, social distancing, face coverings, hand washing, sanitization, and temperature and symptom checks).

I agree that I/my student will not attend the Extracurricular Program if I/my student has tested positive for COVID-19 or is experiencing any symptoms of COVID-19 or meets any other criteria that would preclude attendance for in-person instruction under current school protocols, and further acknowledge that I/my student will be sent home from the Extracurricular Program if I/my student displays any symptoms of COVID-19.

Release of Liability and Hold Harmless Agreement

For myself or as a parent/guardian of a student who is participating in the Extracurricular Program, I recognize and acknowledge that there are certain risks of injury, illness (including exposure to COVID-19), allergic reaction, property damage, loss, and/or death, that may arise from my/my student's participation. I, and my agents, representatives, assigns, heirs, and successors hereby waive, relinquish, and hold harmless, the Board of Directors of PCS ("Board"), its individual Board members, officers, administrators, employees, agents, representatives, volunteers, insurers, assigns, and successors, and each and every one of them, from and against any and all claims, demands, suits, liability, and causes of actions, whether known or unknown, past, present, or future, including, but not limited to, any and all costs, expenses, and attorneys' fees, by reason of injury, illness (including exposure to COVID-19), allergic reaction, loss, or death, arising out of, in connection with, or in any manner related to my/my student's participation in the Extracurricular Program.

I have carefully read this Consent and Waiver and fully understand its contents. I am aware that by signing this document, I am waiving my right to sue PCS, the Board, its individual Board members, officers, administrators, employees, agents, representatives, volunteers, insurers, assigns, and successors, and each and every one of them. This Waiver is complete and signed of my own free will. I am aware that this form is a contract between myself, my student, and



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PCS. I further certify that I have the legal authority to sign on behalf of myself, my student, and family.

Health Insurance and Treatment

In the event of a medical emergency, I authorize PCS personnel to seek medical attention for me/my student. In accordance with CPS and PCS Policies, I confirm that one of the following is true (please check one):

- I/my student is covered by our family accident/health insurance; or
- I will provide proof of accident insurance coverage purchased through the District.

Signature of Student

Date

Signature of Parent/Guardian

Date

Name of Student

Name of Parent/Guardian

Name of Insurance Company: _____

Member/Policy ID: _____