



COVID-19 SUPPLEMENTAL WAIVER OF LIABILITY

The Anchorage School District (ASD) currently plans to allow participating events of similar activities (referred to as "EVENT") to take place. In consideration of being permitted to compete, officiate, or participate in such an EVENT, I, for myself and my student, agree to the following:

1. I affirm neither I, nor my student, nor anyone else participating in the EVENT, has been tested positive, been diagnosed with, demonstrated, been exposed to any communicable diseases, including the novel corona virus known as COVID-19 and/or any mutation or variation thereof ("COVID-19").
2. I acknowledge that I am aware that by signing this waiver and participating in the EVENT that there are risks to me and my student of being directly or indirectly, if I, my student, or anyone being immediately present, has previously tested positive for COVID-19, I hereby agree to disclose this fact to ASD. Upon completion of the "Return to Play" form provided by ASD is completed and approved, a return to play form will be put in place to allow for a gradual return to participation.
3. I understand certain individuals are at a greater risk of becoming seriously ill, including people over the age of 65, people with weakened immune systems, high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune systems are compromised. I understand if I, or my student, including the actual participant(s) in the EVENT, fall within one or more of these categories, there is a greater risk. I further understand COVID-19 affects the respiratory system and may also affect the heart, which could increase long term consequences, including my heart, which is an inflammation of the heart muscle. This inflammation is a condition that can be fatal. I understand that having COVID-19 is one of the leading causes of sudden cardiac arrest in athletes in the United States.
4. I understand that while ASD strives to maintain everyone's safety at all times, ASD cannot eliminate all risks. ASD's staff may or may not be able to make these risks. By signing this waiver, ASD asks you (and anyone that could legally stand in your place) to ACCEPT ALL RISKS associated with participating in the EVENT.
5. I hereby RELEASE, WAIVE, DISCLAIM, and AGREE NOT TO SUE the Anchorage School District, its officers, directors, and employees; the Anchorage School Board, and any individuals, companies, or associations having any involvement in the EVENT. I understand that the RELEASED LIABILITY AGREEMENT WILL BE RELEASED FROM ANY AND ALL LIABILITY for any damage whether caused by the negligence of the Anchorage School District or any other party.
6. I hereby agree to pay the reasonable and hold harmless the cost (including reasonable attorney's fees) that may incur arising out of or relating to my illness or death, or the illness or death of my student, if the illness or death is caused by the negligence of the Anchorage School District or any other party.

BY SIGNING BELOW, YOU AGREE THAT YOU HAVE READ AND UNDERSTOOD THE TERMS OF THIS RELEASE, AND AGREE TO BE BOUND BY ITS TERMS.

Student Name: _____

Name of Parent or Guardian: _____

Signature: _____ Date: _____