



NOTICE AND WAIVER TO ALL VOLUNTARY ACTIVITY PARTICIPANTS

I agree that _____ (student's name) has my permission to participate in a **sport(s)** which takes place at **Coopersville Area Public Schools** during the 2021-22 school year. The student and parent/guardian have read and agree to follow the school Districts' participation rules:

I agree that participation in the above noted activity is voluntary and I have knowledge of and assume all risks for the activity to include injuries as well as exposure to communicable diseases, including COVID19.

I certify that I understand current COVID19 risks and symptoms and current CDC guidelines. I certify that _____ (student's name) has not had any symptoms of COVID19/coronavirus nor been exposed to anyone that had such symptoms or diagnosis in the last 14 days. I agree to notify the school District of any changes. I will NOT send _____ (student name) to the activity if any symptoms develop or with notice of an exposure to COVID19 until the _____ (student's name) has been medically cleared.

I understand that this discharges the **SCHOOL DISTRICT, ITS EMPLOYEES, and AGENTS** from any liability or claim. **SCHOOL DISTRICT, ITS EMPLOYEES, and AGENTS** will not assume responsibility for any injury or illness incurred while participating or attending the program or any physically related activity. Certain risks are inherent during participation in these events. Nor will the **SCHOOL DISTRICT, ITS EMPLOYEES, or AGENTS** be liable for lost or stolen items while participants are using the facilities or are on the premises. I waive all claims and release the **SCHOOL DISTRICT, ITSEMPLOYEES, and AGENTS** from any and all injury, illness, or damage that _____ (student's name) or **I** may suffer as a result of participation or attendance in the activity. I agree to indemnify and hold the **SCHOOL DISTRICT, ITS EMPLOYEES, and AGENTS** harmless from any claims presented on **MY OWN BEHALF**, or claims presented by _____ (student's name) or _____ (student's name) **representative**.

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____