



**CONSENT TO PARTICIPATE IN SCHOOL SPORT ACTIVITIES
AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19**

The novel coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and is believed to spread mainly from person-to-person contact.

Kentucky High School Athletic Association (KHSAA) and the Kenton County School District have put in place preventative measures to reduce and minimize the potential exposure of athletes to COVID-19 while participating in sports training and contests. The District cannot guarantee that a student athlete will not be exposed to COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child (or I, if 18 or older) may be exposed to or infected by COVID-19 by participating in student athletic activities and that such exposure or infection may result in illness, personal injury, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 by reason of my child or my participation in school athletic activities may result from the actions, omissions, or negligence of me, my child, other student participants, school staff, volunteers or others at or around me or my child during the athletic activities. Athletic activities include, but are not limited to, team training (physical, as well as meetings), contests, dressing, and showers.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or me (including, but not limited to, personal injury, disability, and/or death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my or my child's participation in school athletic activities. I hereby release, covenant not to sue, discharge, and hold harmless the Kenton County School District, its Board members, and its employees, staff, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Kenton County School District, its Board members, its employees, staff, agents and representatives, whether a COVID-19 infection occurs before, during, or after my child's or my participation in school athletic activities. Lastly, I acknowledge by signing this waiver that my child may be tested for COVID-19 should the district implement a testing model for students and/or student athletes.

PRINT STUDENT ATHLETE NAME

PARENT SIGNATURE

DATE

STUDENT SIGNATURE, IF 18 OR OLDER

DATE



Pre-participation COVID-19 Screening Questionnaire

Student-Athletes Name: _____

DOB: _____ Student-Athlete Contact Phone #: _____

Parent Name and Contact Phone #: _____

Sport(s): _____

Have you been ill in the last 3 weeks? Yes No

Have you experienced any of the following symptoms over the last 3 weeks:

Symptom	Yes	No	If yes, please explain:
Fever			
Body Chills			
Extreme Fatigue			
Cough			
Pain/Difficulty Breathing			
Shortness of Breath			
Sore Throat			
Body/Muscle Aches			
Loss of Taste			
Loss of Smell			
Changes in vision/eye discharge			

Have you been or are you currently diagnosed with COVID-19?

Yes No If yes, please explain: _____

To the best of your knowledge, have you had any direct contact with someone that has a suspected or lab confirmed case of COVID-19?

Yes No If yes, please explain: _____

Have you self-quarantined due to suspected exposure or symptoms of COVID-19?

Yes No If yes, please explain: _____

Please list (and date) any places you have traveled outside the state of Kentucky since March 2020:

Parent/Guardian Signature: _____ Date: _____

For internal use only.

Pod #: _____ Reviewed by: _____ Date: _____