



LUCIA MAR UNIFIED SCHOOL DISTRICT

602 Orchard Street, Arroyo Grande, CA 93420

Telephone 805.474.3000 | Fax 805.473.1593

STUDENT PROTOCOLS AND PARENT WAIVER AND RELEASE FORM FOR 2021-2022 EXTRACURRICULAR ACTIVITIES

FOR STUDENTS:

I, _____ (*Printed Name of Student*) agree to abide by the following protocols, which I have reviewed prior to engaging in any in-person activity:

- 1) I understand activities may be provided on a limited basis.
- 2) I understand all in-person sessions are voluntary and I assume the risk of participating in them.
- 3) I will follow all health and safety guidelines, including the use of a face covering when required, testing for COVID-19 when required by the District under public health order, and quarantine and isolation requirements.
- 4) I agree to seek healthcare provider approval before returning to participate in sports or other endurance activities if I have been infected with COVID-19.
- 5) I agree to disclose to the Athletic Director, for athletics, or the supervising District staff member of the extracurricular activity if I test positive for COVID-19 or have been identified as a close contact to someone who has had COVID-19 in the past 14 days.
- 6) I agree to provide documentation (vaccination card for COVID-19, vaccination record or digital state COVID-19 record) for my status to be considered "fully vaccinated" in order to be exempt from or have modified health and safety requirements, such as for quarantining when asymptomatic, mask use in certain situations, and screening testing.
- 7) I recognize that I need to bring my own hydration products as shared water bottles are not allowed.
- 8) I understand that if I experience any COVID-19 related symptoms, I will not attend practice, competitive events, or other campus-based activities. This includes fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, etc. I understand that if I exhibit these symptoms or other symptoms of illness, or pretend to exhibit these symptoms, I will be sent home and may not return until I have provided evidence of clearance (a doctor's note or negative test).
- 9) I understand that only those approved by the District or participating in the activity will be allowed to attend practice sessions. I will not invite parents or other individuals to attend and/or watch sessions beyond what is permitted by the District.
- 10) I acknowledge that these expectations may change based on District, state and county health guidelines and related requirements. I agree to adhere to these expectations as they may be modified.

Student Signature _____

Date _____

COVID-19 Vaccination Status Attestation: (*Check Only One*)

I am fully vaccinated. As such, I will provide documentation for confirmation:

- Copy of front and back of vaccination card OR
- CA Digital COVID-19 Vaccination Record OR
- Health care provider vaccination record

I am unvaccinated.

I decline to state my vaccination status

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FOR PARENTS/GUARDIANS:

As the parent/guardian of the above-named child and on behalf of myself and my child, agents, heirs, and successors, I voluntarily agree to:

- 1) assume all risks of injury, illness, or death to my child arising out of or resulting from my child's participation in and/or attendance at the above-stated program or activity, such risks to include but are not limited to, injury, illness, or death due to being exposed to or infected by contagious diseases, including COVID-19 (also referred to as 2019 Novel Coronavirus, 2019-nCoV, SARS-Cov-2, and any other derivatives or mutations);
- 2) acknowledge that my child's participation in the above-stated program or activity is voluntary and I assume full responsibility for my child's participation;
- 3) waive and release all claims, causes of actions, actions, liabilities, and costs against Lucia Mar Unified School District (District) and its governing board and members thereof, officers, employees, agents, and volunteers (collectively District Personnel) and hold harmless the District and District Personnel from any claims, causes of actions, actions, liabilities, and costs that may arise out of or result from my child's participation in or attendance at such program or activity;
- 4) assume all obligations for any medical, financial, and other costs and/or liabilities that be sustained or incurred by my child, myself, or my agents, heirs, and/or successors; and
- 5) acknowledge this waiver and release is made notwithstanding section 1542 of the California Civil Code which provides:

"A general release does not extend to claims which the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her would have materially affected his or her settlement with the debtor or released party"

And therefore, I expressly waive the benefits of this provision. The District assumes no responsibility and shall not be liable for any injury, illness, death, liabilities, damages, or costs that my child, myself, my agents, heirs, and/or successors may sustain or incur arising out of or resulting from the aforementioned program or activity.

Cardiopulmonary Considerations for Athletes or Endurance Activities:

Parent awareness should exist for the possibility of injury or inflammation of lungs and heart for an individual who has contracted COVID-19 that may cause cardiopulmonary concerns. If a student has had COVID-19, the student should be examined by a health care provider prior to sports or other endurance.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name: _____