



Astoria School District No. 1C

Craig Hoppes, *Superintendent*
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**WAIVER OF LIABILITY AND HOLD HARMLESS FOR COMMUNICABLE
DISEASES INCLUDING COVID-19**

Student Name: _____

Grade: _____ Home Phone: _____

Address: _____

Parent(s)/Guardian(s) Names: _____

Parent/ Guardian phone: Work: _____ Home: _____ Other: _____

The novel coronavirus (“COVID-19”), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. **[Name School District] (“District”) cannot completely mitigate the transfer of communicable diseases like COVID-19 especially when involved in [sport or activity]. Participation in [sport or activity] includes possible exposure to and illness, injury, or death from infectious diseases including COVID-19.**

In consideration for providing my child the opportunity to participate in [sport or activity] and any related transportation to and from [sport or activity] events, both my child and I voluntarily agree to waive and discharge any and all claims against District and release it from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of the District or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless the District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my child’s participation in [sport or activity]

I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.

I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in the [sport or activity], the above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release District from all liability for any loss regardless of cause, and claims arising from the student's participation in the [sport or activity].

Student Signature

Date

Parent/Legal Guardian Signature

Date