

WAIVER AND RELEASE FORM

Please read this form carefully before signing.

I recognize, acknowledge, and agree that my entrance to and/or use of the **School District of Sevastopol** (“District”) Buildings and grounds] (“Facilities”) is completely voluntary, and there are inherent risks of physical injury/death/illness, including the risk of exposure to or contracting of the coronavirus/COVID-19 or other infectious diseases, to those entering and using the Facilities, and potential additional costs associated therewith. As a result of my entrance and/or use of the Facilities and the inherent risks associated with same, I recognize, acknowledge and agree that I and/or my family members may be subject to mandatory or recommended self-quarantines for a period of time; be prevented from being present at school, a place of employment, or from working for a period of time; and I will be solely responsible for any additional costs associated therewith. I understand that accidents, injuries and illness can arise from entrance to and/or use of the Facilities. Recognizing the risks, I hereby agree to assume full responsibility for the following:

- Any risks, injuries, death, illness, quarantine, or damage known or unknown which I and/or my family members might incur as a result of my entrance to and/or use of the Facilities, including but not limited to as a result of potential exposure to or contracting the coronavirus/COVID-19 or other infectious disease or injury; and
- Any additional costs or liabilities incurred as a result of me or my family members becoming ill, deceased, injured, or suffering a loss of wages, as a result of my entrance to and/or use of the Facilities, including but not limited to costs or liabilities associated with any mandatory or recommended quarantines; medical care/expenses; and loss of employment or wages due to my own and/or my family member’s physical injury/death/illness or inability to work or attend school.

In consideration for the District allowing me entrance and/or use of the Facilities, the sufficiency of which I acknowledge, I, on behalf of myself and my family members, expressly release, waive, discharge and covenant not to sue the District, including its School Board, School Board members, officers, employees, agents, representatives, and volunteers from any and all claims and for all loss, injury, or damage to myself and/or my family members, whether caused by the negligence of someone acting on behalf of the District or the negligence of someone else, arising out of my entrance to and/or use of the Facilities. This waiver and release shall not absolve the District from liability or injury or damage caused by the District’s intentional, willful or malicious conduct.

I have read and fully understand the above important assumption of risk and waiver and release of claims.

Please PRINT Name: _____

Signature (if 18 years of age or older): _____

Please PRINT Parent/Guardian Name (if under 18): _____

Parent/Guardian Signature (if under 18): _____

Date: _____