

**CONSENT TO PARTICIPATE IN SCHOOL ATHLETICS AND
ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

On behalf of myself and on behalf of my minor child who is enrolled in the Scotland County Schools (SCS), as his/her parent and/or legal guardian, our heirs, executors, administrators, and assigns fully acknowledge, understand and agree to the following:

1. I give permission for my child, _____, to attend and participate in SCS Athletics.
2. By signing this release, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in the above described activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the School's employees, volunteers, and program participants and their families.
3. My child's participation in SCS athletics is completely voluntary, and I believe and have determined that I am willing to and do assume the risk of my child participating in these activities, including specifically the known risk and dangers associated with COVID-19 and related conditions. It is my duty to fully inform my child of the numerous risks and potential dangers associated with COVID-19 and related conditions or other infectious diseases.
4. I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the School System, its Board members, administrators, officers, coaches, athletic trainers, principals, directors, employees, and volunteers (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, injury, or illness (including, without limitation, any loss, damage, injury, illness caused by or related to any exposure to COVID-19) including death, that may be sustained by me, my child, or other family members (or any person who may contract COVID-19 from the undersigned or such participating children) or to any property belonging to me or my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, in any way connected to participation in such activity, or while in, on, or upon the premises of the School.
5. I agree that this Release and Waiver of Liability is intended to be as broad and inclusive as is permitted by law, and that if any portion of it is held invalid by an appropriate court of competent jurisdiction, the balance shall, notwithstanding, continue in full force and effect.
6. I UNDERSTAND THAT THE SCHOOL WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY OR ILLNESS IN ANY WAY RESULTING FROM MY CHILD'S PARTICIPATION IN THE ABOVE DESCRIBED ACTIVITY OR MY CHILD'S PRESENCE ON SCHOOL GROUNDS.
7. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the Acknowledgement of Risk and Waiver of Liability, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same and fully intending for my child to be bound by same.

Signature of Minor Participant	Printed Name	Date
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Signature of Parent or Guardian of Minor Participant	Printed Name	Date
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