

Parent / Guardian Certification and Consent

I am the parent/guardian (circle one) of student _____ and have authority to sign this certification and consent for the student's participation in conditioning workouts and team camps on the property of USD 259 during the summer of 2020.

I am aware of the continuing existence of the nationwide Coronavirus pandemic and the highly contagious nature of the disease. I understand that the student's participation in the activities described will often occur in close proximity to other student participants, USD 259 staff, and volunteers, raising the risk of infection from Coronavirus, and possibly serious illness or death, from such participation. I understand that the staff of USD 259 will undertake reasonable precautionary measures, including implementation of preventive health standards issued by the state, local authorities, and USD 259 itself, in an attempt to minimize or prevent students exposure to the disease. However, I realize that despite these precautionary measures, the risk of infection will remain from the nature of the disease itself and participation in physical activities in close proximity to others.

I certify that the following statements are true and understand that I have a continuing obligation to assure that the student will not participate if, at anytime in the future, any of the standards below are not met:

- There has not been any travel by my family/household to any state or county identified as a "hot spot" for Coronavirus in the past 14 days;
- There has not been any exposure to someone who has been diagnosed with Coronavirus either in-household or non-household contact;
- No one in our family or living in our household has shown any of the following symptoms of Coronavirus including:
 - Fever greater than 100.4 degrees
 - Cough
 - Shortness of breath/difficulty breathing
 - Sudden loss of smell or taste
 - Other signs of illness (headache, sore throat, general aches/pains, fatigue, weakness, extreme exhaustion)

I understand that USD 259 will rely upon the truthfulness of my certification, and the like certifications of others, and does not have the capacity to verify the accuracy of such statements. Therefore, despite such certifications, the risk will remain that the student, through no fault of USD 259, may be in the presence of persons infected with Coronavirus.

Understanding the highly contagious nature of Coronavirus and the inherent risks involved, I consent to the student's participation in the activities described and assume the risks of the student's potential exposure to and infection from Coronavirus as a result thereof.

Parent/Guardian

Date

I have read this form, understand its contents, and consent to my participation under the conditions stated.

Student

Date