

**Suffolk Public Schools**  
**Assumption of the Risk Relating to Coronavirus/COVID-19**  
**Athletics & Extracurricular Activities**  
**Summer 2020 and School Year 2021**

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by Suffolk Public Schools. 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. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Suffolk Public Schools will conduct certain extracurricular activities beginning in the Summer of 2020 and continuing into the 2020-21 school year. These activities, hereinafter known as "Activity," will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity if they do not comply. Extracurricular activities are a privilege, and not a right of public school students.

In an effort to ensure the safety and wellness of our school community, I understand the importance of students being healthy and safe when they participate in the Activity. By signing below, I agree that I will:

1. Perform daily temperature checks on my child(ren) to screen for fever before arrival for the Activity. Fever is defined as a temperature over 100.4 F or 38.0 C. If my child(ren) has a fever, I will not permit my child(ren) to participate in the Activity until he/she has been without a fever for at least 72 hours. I also agree that Suffolk Public Schools may screen my child(ren) for fever prior to allowing participation in any extracurricular activities.
2. Make a visual inspection of my child(ren) for signs of illness which could include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in the Activity until he/she has been without signs or symptoms for at least 72 hours.
3. Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child(ren) has been in contact with such a person, I will not permit my child(ren) to participate in the Activity until the 14 days have elapsed since the time of contact.
4. Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are present. I understand that children are to remain home until illness-free for at least 72 hours without use of medicine.

Suffolk Public Schools have put in place preventative measures to reduce the spread of COVID-19; however, Suffolk Public Schools cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending an Activity, including Practices/Workouts could increase your risk and your child(ren)'s risk of contracting COVID-19. If a student has COVID-19 symptoms or has tested positive for COVID-19, they are prohibited from returning to practice/workouts for 14 days.

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By signing this agreement, 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 Activity, which include Schools Practices/Workouts 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 any Suffolk Public Schools Practice/Workout may result from my own actions and/or omissions, those of my children, the actions, omissions, or negligence of the school district and others, including, but not limited to, Suffolk Public Schools employees, volunteers, program participants, their families, or others not listed. By signing this, I do so with full knowledge of the risk involved by allowing my child(ren) to take part in the Activity and the potential likelihood that my child(ren) may be exposed to or infected by COVID-19. I acknowledge that the above guidelines may change at any time due to recommendations by the Centers for Disease Control (CDC), the Commonwealth of Virginia, the Department of Health, the Suffolk City School Board, or any other regulating entity.

*In consideration of my child(ren) being able to participate in the Activity, I, on my own behalf and on behalf of my child(ren) or other family member assisting me in the participation in the Activity, hereby voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s participation in the Activity, including Practice/Workouts.*

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**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print name of Parent/Guardian**

\_\_\_\_\_  
**Name of SPS Student**

\_\_\_\_\_  
**Activity**

\_\_\_\_\_  
**School**