



# Acknowledgement, Waiver and Release for Communicable Diseases Including COVID-19

In consideration of participation in a Cherokee County School District athletic program and related events and activities, the undersigned acknowledges and agrees that:

1. I/We understand that participation includes possible exposure to and illness from infectious diseases including by way of illustration but not as limitation to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I/We knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my student's participation; and,
3. I/We willingly agree to comply with the stated and customary terms and conditions for participation regarding protection against infectious diseases. If, however, ~~if~~ any unusual or significant hazards are observed during my student's presence or participation, ~~he~~He/she will remove himself/herself from participation and bring such to the attention of the nearest official immediately; and,
4. I/We hereby release and hold harmless Cherokee County School District their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence of releasees or otherwise, to the fullest extent permitted by law.

By signing below, I/we acknowledge that we have carefully read this voluntary Waiver and understand the potential dangers incident to engaging in interscholastic athletics, sports teams/clubs and events, and are fully aware of the legal consequences of this agreement.

\_\_\_\_\_  
Signature(s) Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

THIS ACKNOWLEDGEMENT OF AUTHORIZATION AND WAIVER SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING

\_\_\_\_\_  
Signature(s) Parent(s)/Guardian(s)

\_\_\_\_\_  
Date