



**Kelvin Adams, Ph.D**  
Superintendent of Schools  
**Paula Knight, Ed.D**  
Deputy Superintendent of Academics  
**Teron D. Sharp, CAA**  
District Athletic Director and PE Teacher Support

### **Assumption of Risk, Waiver, Release & Hold Harmless**

#### **COVID-19 and Voluntary Extracurricular Activities**

##### **Summer 2020 and School Year 2020-21**

I desire to participate or allow my child to participate in one or more voluntary extracurricular activities offered by the Board of Education of the City of St. Louis (the "BOE" or "District"). The novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact. Federal, State, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19.

The District 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 and feasible 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, which will vary and will be communicated at the time of the Activity. Participants are subject to immediate removal from the Activity if they do not comply with communicated safety protocols. I acknowledge and understand that extracurricular activities are a privilege, and not a right, of District 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:

- Perform daily temperature checks on my child to screen for fever immediately before arrival (within two hours) for the Activity. Fever is defined as a temperature over 100.4 F or 38.0 C. If my child has a fever, I will not permit my child to participate in the Activity until he/she has been without a fever for at least 72 hours without the use of medicine. I also agree that the District may screen my child for a fever prior to allowing participation in the Activity.
- Make a visual inspection of my child for signs of illness immediately before arrival (within two hours) for the Activity. Signs of illness could include, but are not limited to: 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 has exhibited any of these signs or symptoms, I will not permit my child to participate in the Activity until he/she has been without any such signs or symptoms for at least 72 hours without the use of medicine. I also agree that the District may screen my child for any of these symptoms prior to allowing participation in the Activity.



- Confirm that my child 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 has been in contact with such a person, I will not permit my child to participate in the Activity until 14 days have elapsed since the time of contact.
- Promptly pick up my child or arrange for pickup if the District assesses that signs or symptoms of illness in my child are present. I understand my child must remain home until illness-free for at least 72 hours without the use of medicine.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or my child may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from my own actions and/or inactions, and/or those of my children, District staff, volunteers, or agents, other Activity participants, or others not listed. By signing this, I acknowledge and accept all such risk in connection with my child's participation in the Activity. Finally, I acknowledge that the above guidelines may change at any time due to recommendations by the Centers for Disease Control (CDC), the State of Missouri, the Department of Health, the BOE, or any other regulating entity.

In consideration of my child being able to participate in the Activity, I, on my own behalf and on behalf of my child or other family member assisting me in the participation in the Activity, hereby waive, release, and hold the District and its employees and agents harmless from any and all claims, causes of actions, fees, costs, and any expenses of any sort or kind from exposure to and/or infection from COVID-19, that I and/or my child, or my or our representatives, sustain during or related to my child's participation or involvement in the Activity.

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Signature of Parent/Guardian

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Signature of Student

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

\_\_\_\_\_  
Print name of Student

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Date of signature