

RIVERBANK UNIFIED SCHOOL DISTRICT RELEASE OF LIABILITY

INJURY WARNING AND PARENTAL PERMISSION TO PARTICIPATE IN ATHLETICS AND TO BE TREATED IN CASE OF INJURY

Participation in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks BUT IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH OCCURENCES FROM ATHLETICS. Players can reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems/ injuries to their coaches, following a proper conditioning program and inspecting their own equipment daily. DAMAGED EQUIPMENT MUST BE REPLACED IMMEDIATELY. In the case of injury the head coach of the involved sport is responsible to see that a complete and accurate accident report be filled out and filed with the athletic director. No athlete who has sustained a severe injury will be allowed to return to practice or competition without permission of the physician in charge.

The parents/guardians of the above athlete hereby acknowledge and understand that the Riverbank Unified School District may not provide transportation to all school sponsored activities. I hereby give my consent for my son/daughter to compete in interscholastic athletics in the Riverbank Unified School District and give permission for my child to ride as a passenger in a vehicle driven by another parent. It is fully understood that R.U.S.D. is in no way responsible, nor does the district assume liability for any injuries, property damage or wrongful death resulting from this non-district transportation or from participation in the activity itself. I understand that the Riverbank Unified School District will not be held liable for medical services, hospital services of accident insurance. In case my son/daughter is injured, school district personnel are authorized to have him/her treated.

NOTE: Students are not to engage in any practices until all parts of this form are completed/met and turned in to the coach prior to conditioning.

(Parent/Guardian Signature)

(Student Signature)

(Date)



RIVERBANK UNIFIED SCHOOL DISTRICT

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FOR INTERSCHOLASTIC ATHLETIC AND/OR EXTRA CURRICULAR ACTIVITIES PARTICIPATION

This is a release of liability and assumption of risk agreement. Read it carefully and sign below.

Completion of this release is a prerequisite to participation in any interscholastic athletic and/or extra-curricular activity. This release essentially says that my son/daughter _____ (name of student) is physically fit and is going to voluntarily participate in a high school interscholastic athletic and/or extra-curricular activity. We know and fully understand that any interscholastic athletic and/or extra-curricular activity involves numerous risks, dangers and hazards, both known and unknown, where serious accidents can occur, participants can sustain physical injuries, damage to their property, and even suffer a fatal injury. If he/she is hurt, injured or suffers a fatal injury, we (i.e., the student, parents and heirs) will not make a claim against or sue the Riverbank Unified School District (hereinafter RUSD), its trustees, officers, employees and agents, or expect them to be responsible or pay for any damages.

In consideration for RUSD allowing the student to participate in this interscholastic athletic and/or extra-curricular activity, we voluntarily agree to release, waive, discharge and hold harmless RUSD and their trustees, officers, employees and agents from any and all claims of liability arising out of their negligence, or any other act or omission which causes the students illness, injury, death and damages of any nature in any way connected with student's participation in this activity.

WE, THE UNDERSIGNED HAVE READ THIS DOCUMENT. WE UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. WE FURTHER UNDERSTAND THAT WE ARE ASSUMING ALL RISK INHERENT IN THIS INTERSCHOLASTIC ATHLETIC AND/OR EXTRA CURRICULAR ACTIVITY. WE VOLUNTARILY SIGN OUR NAME AS EVIDENCE OF OUR ACCEPTANCE OF THE ABOVE PROVISIONS.

(Parent/Guardian Signature)

(Student Signature)

(Date)

**ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND AGREEMENT TO ABIDE BY
RIVERBANK UNIFIED SCHOOL DISTRICT COVID-19 PROTOCOLS**

Activity: HIGH SCHOOL SPORTS CONDITIONING

Parent/Guardian: _____

Student: _____ Student ID#: _____ Grade: _____

The novel coronavirus (or COVID-19) has created a pandemic resulting in a State of Emergency in California. 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 health officers have required or recommended social distancing and, in many instances, have prohibited or significantly limited the congregation of groups of people.

The School is complying with all mandates and taking all reasonable steps to reduce the risk of spreading COVID-19. However, this risk cannot be completely eliminated. Consequently, for the safety of our staff, students, parents, and other visitors, the School requires all persons participating in its activities during this pandemic to acknowledge an assumption of the risk, waive (i.e. release) liability, and agree to abide by our COVID-19 protocols, as follows:

1. I request to participate in the School-sponsored activity. If applicable, I am the parent and/or legal guardian of the above-named student(s)/child(ren), and I request that he/she/they be allowed to participate in the School-sponsored activity and I give my permission for he/she/they to do so.
2. Assumption of Risk. I understand and acknowledge the risk to myself and, if applicable, my student(s)/child(ren), of becoming exposed to or infected by COVID-19 at a School-sponsored activity, which exposure or infection may result from the actions, omissions, or negligence of myself or others, including, but not limited to, other participants or School officials, employees, volunteers, and/or representatives. I assume all such risk and accept sole responsibility for any harm or loss to myself and/or, if applicable, my student(s)/child(ren), including, but not limited to, personal injury or death or related costs or expenses of any kind, that I, or, if applicable, my student(s)/child(ren), may experience or incur in connection with the School-sponsored activity.
3. Waiver of Liability. In consideration for the School allowing me and/or, if applicable, my student(s)/child(ren) to participate in the School-sponsored activity, I, on behalf of myself, and/or, if applicable, my student(s)/child(ren), hereby release and hold harmless the School, Riverbank Unified School District, and any officials, employees, volunteers, and/or representatives thereof, from any and all liability for any and all harm or losses arising from participation in the School-sponsored activity, including, but not limited to, exposure to or infection by COVID-19. Further, I covenant (i.e. promise) not to sue the School, Riverbank Unified School District, or any official, employee, volunteer, and/or representative thereof, for any such harm or loss.
4. Agreement to Abide by COVID-19 Protocols. I agree that I, and/or, if applicable, my student(s)/child(ren), will not enter School grounds or facilities if I am, and/or he/she/they is/are, feeling ill, which includes, but is not limited to, the following symptoms: fever, cough, difficulty breathing, shortness of breath, chest pain, and/or bluish lips or face. I understand and acknowledge that I, or, if applicable, my student(s)/child(ren), may be denied entrance or admittance if the School determines that I am, or he/she/they is/are, showing any such symptoms. I warrant and represent that I am not aware of any medical condition of myself and/or, if applicable, my student(s)/child(ren) which would render it inappropriate for me and/or him/her/they to participate in the activity. I agree to abide by all RUSD COVID-19-related policies and procedures which including hand washing requirements and participating in the Self-Check Survey. I understand and acknowledge that my failure to abide by and/or my failure to ensure that any student/child of mine abides by this agreement may result in me and/or, if applicable, my student(s)/child(ren), being removed from the School-sponsored activity.

I certify that I am familiar with the contents of this Assumption of Risk and Waiver of Liability and Agreement to Abide by COVID-19 Protocols, that I have read and understand the same, and that it is my intention by my signature that it bind not only on me, but my heirs, administrators, executors, successors, and assigns, and, if applicable, my student(s)/child(ren).

Student Signature

Parent/Guardian Signature

Date