

**RED LAKE FALLS PUBLIC SCHOOLS**  
**ISD #630**

**Lafayette High School 218-253-2163**  
**J.A. Hughes Elementary 218-253-2161**

**WAIVER AND VOLUNTARY ASSUMPTION OF RISK**

I am the parent of \_\_\_\_\_ (“my child”). I understand that Independent School District No. 630 (“District”) offers summer MSHSL sponsored athletic activities directed by the head coach, and that participation in this activity is completely voluntary. I recognize and understand that participation in this activity involves inherent risks, including but not limited to the risk of contracting the novel coronavirus, also referred to as COVID-19, and the risk of physical injury or death. I also understand that these risks will exist despite careful planning and adequate supervision by the District. Although the District has taken measures to follow social distancing guidelines, due to the nature of some of the programs provided, it is not always possible to maintain 6-foot social distancing between students and staff at all times. Knowing the inherent risks and dangers involved, I voluntarily assume those risks and grant permission for my child to participation in this activity.

Knowing the inherent risks and dangers that are involved in participation in this activity, I waive, release, and forever discharge the District and its current and former board members, officers, directors, employees, agents, insurers, and representatives from any and all liability, actions, claims, and demands for personal injury, sickness, death, or property loss arising out of or relating to my child’s participation in this activity. I further waive any right to bring any claims, demands, legal actions, or causes of action against the District, its board members, officers, directors, employees, agents, insurers, or representatives, unless they engage in gross negligence or willful misconduct that directly causes harm to my child.

Finally, I agree to hold the District and its board members, officers, directors, employees, agents, insurers, and representatives harmless from any and all claims, demands, or liabilities for injury, sickness, death, or loss of property arising out of or relating to my child’s participation in this activity.

**I have read and understand the terms of this Waiver and Voluntary Assumption of Risk Agreement and agree to its terms.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name of Parent/Guardian

If Student is over 18 years old:

Dated: \_\_\_\_\_

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

\_\_\_\_\_  
Print Name of Student

## **CONDUCT HEALTH SCREENING BEFORE YOUR CHILD COMES TO WORK OUT:**

If a player answers “Yes” to any of the screening questions or has a measured temperature above 100.4°F, they should be advised to go home, stay away from other people, and contact their health care provider.

### **Player and Employee Health Screening Checklist**

Have you had any of the following symptoms since your last day at work or the last time you were here that you cannot attribute to another health condition?

Please answer “Yes” or “No” to each question.

Do you have: Fever (100.4°F or higher), or feeling feverish?	YES	NO
Chills?	YES	NO
A new cough?	YES	NO
Shortness of breath?	YES	NO
A new sore throat?	YES	NO
New muscle aches?	YES	NO
New headache?	YES	NO
New loss of smell or taste?	YES	NO

YOU DO NOT NEED TO SEND THIS SHEET EACH TIME BUT IF YOUR CHILD ANSWERS YES TO THIS DO NOT SEND THEM. THANKS