

Informed Consent Agreement for Participation in School Athletics

Dear Parents, Guardians, and Student Athletes,

The State of Iowa declared a public health emergency on March 17, 2020 in connection with the COVID-19 pandemic. School and school activities for students were temporary suspended. Subsequent state directives have allowed for school athletics to resume on June 1, 2020. The state, the Iowa High School Athletic Association (“IHSAA”), and the Iowa Girls High School Athletic Union (“IGHSAU”) have also issued guidance about resuming athletics. Accordingly, the [Name] Community School District (“District”) will resume athletics beginning [DATE].

The District is taking reasonable measures to prevent the spread of infection, including tracking and following applicable state and federal guidance, as well as guidance from the IHSAA and IGHSAU. However, the possibility of transmission cannot be eliminated. Students and families must be aware of and acknowledge the risks before participating in athletics.

By initialing and signing this Informed Consent Agreement, you acknowledge, accept, and agree to the following (Parent/Guardian and Participant Must Initial and Sign):

____ ____ Participation in athletics is purely voluntary.

____ ____ My child has permission to participate in athletic meetings, practices and competitions as directed by coaching staff.

____ ____ Neither myself nor my child will attend meetings, practice and/or competitions if any of the following apply:

- a. Any member of our household is exhibiting symptoms of illness, such as cough, fever, or shortness of breath.
- b. Any member of our household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.
- c. Any member of our household has spent time with another individual who has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.

____ ____ I agree to immediately inform [Designated District Official] if any member of our household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.

____ ____ I am aware that myself and my child may be exposed to COVID-19 while participating or attending meetings, practices and/or competitions. I understand that this exposure carries a risk of infection, serious injury, or death.

____ ____ My child is voluntarily participating in athletics and I agree to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.

____ ____ I forever release the District from any liabilities, causes of action, lawsuits, claims, demands, or damages of any kind whatsoever that I, my assignees, heirs, guardians, next

of kin, spouse, and legal representatives have, or may have in the future, related to participation in athletics.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE OF THE RISKS OF PARTICIPATING IN ATHLETICS DURING THE COVID-19 PANDEMIC. I AM AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY.

Signature of Participant

Date

Signature of Parent/Guardian

Date