



Chico Country Day School Athletic Waiver & Medical Release During Covid

To ensure we provide a safe and healthy environment for our students while continuing to follow current COVID19 protocols, we need to [follow the most current State and County guidelines](#). The expectations/protocols outlined below must be followed to ensure we provide the safety and security our students deserve. Our coaches will be outlining a plan that will reference the following expectations:

- Activities are for participants only-no spectators allowed. Every participant must have a completed and signed CCDS Participation Liability Waiver, on file with the school (see below).
- Each participant must be willing to verify his/her daily self-screening wellness check completion, per the [CCDS Board approved safety guidelines](#). **IF YOUR CHILD IS NOT FEELING WELL, DO NOT SEND THEM TO PRACTICE.**
- Activity Supervisor will keep a daily log of participants including name and phone number.
- Activity Supervisors and student-participants must wear face coverings at all times.
- Every attempt must be made to avoid sharing equipment, supplies, tools, etc.
- Completely sanitize each piece of equipment at the end of each session/practice/competition.
- Provide hand sanitizer containing a minimum of 70% alcohol to all participants at common points of ingress/egress and in common areas and other locations used by participants.
- Limit the number of participants in the facility to match the [CDPH COVID-19 Blueprint Business and Activity Tiers Guidance](#).
- Where long lines can form, assign a staff member to monitor lines in order to ensure social distancing (6 feet) is maintained.
- Participants should bring individual disposable hydration containers (water bottles, Gatorade, etc.) and discourage sharing.
- Admittance into the gym will not take place until a few minutes prior to practice. Social distancing will be expected if waiting outside. Athletes will be released and expected to be off campus within several minutes of dismissal.
- If a participant is feeling unwell after attending practice, immediate notice to the coach will be expected in an effort to conduct contact tracing.

VOLUNTARY PARTICIPATION LIABILITY WAIVER

IN CONSIDERATION FOR BEING PERMITTED BY THE CHICO COUNTRY DAY SCHOOL TO PARTICIPATE IN THE ABOVE ACTIVITY, I HEREBY WAIVE, RELEASE, AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR PERSONAL INJURY, ILLNESS (INCLUDING, BUT NOT LIMITED TO, COVID-19) DEATH, OR PROPERTY DAMAGE WHICH I MAY HAVE OR WHICH MAY HEREAFTER ACCRUE AS A RESULT OF MY PARTICIPATION IN SAID ACTIVITY. THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE THE ABOVE SCHOOL (ITS OFFICERS, EMPLOYEES, AND AGENTS) FROM AND AGAINST ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY PARTICIPATION IN SAID ACTIVITY. I UNDERSTAND I MAY UNDERGO A WELLNESS CHECK EACH DAY OF THE ACTIVITY. I UNDERSTAND THAT THE ABOVE ACTIVITY MAY BE OF A HAZARDOUS NATURE AND/OR INCLUDE PHYSICAL AND/OR STRENUOUS EXERCISE OR ACTIVITY; AND THAT PARTICIPANTS IN THE ABOVE SPORT OR ACTIVITY OCCASIONALLY SUSTAIN MORTAL OR PERSONAL INJURIES AND/OR PROPERTY DAMAGES AS A CONSEQUENCE THEREOF. KNOWING THE RISKS INVOLVED, NEVERTHELESS, I HAVE VOLUNTARILY APPLIED TO PARTICIPATE IN SAID ACTIVITY AND I HEREBY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH AND TO RELEASE AND HOLD HARMLESS THE ABOVE DISTRICTS, ITS OFFICERS, EMPLOYEES, AND AGENTS. IT IS FURTHER UNDERSTOOD AND AGREED

THAT THIS WAIVER, RELEASE, AND ASSUMPTION OF RISKS IS TO BE BINDING ON MY HEIRS AND ASSIGNS. I FURTHER AGREE TO INDEMNIFY AND TO HOLD THE ABOVE DISTRICTS (ITS OFFICERS, EMPLOYEES, AND AGENTS) FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST OR EXPENSE WHICH THEY MAY INCUR AS A RESULT OF ANY INJURY AND/OR PROPERTY DAMAGE THAT I MAY SUSTAIN WHILE PARTICIPATING IN SAID ACTIVITY. BY SIGNING THIS DOCUMENT I ATTEST MY WILLINGNESS TO CONDUCT A SELF-WELLNESS CHECK, INCLUDING A BODY TEMPERATURE CHECK EACH DAY I PARTICIPATE IN THIS ACTIVITY.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE SCHOOL AND SIGN IT OF MY OWN FREE WILL.

Participant:

Print Name _____ **Signature** _____ **Date** _____

IN CONSIDERATION FOR BEING PERMITTED BY THE CHICO COUNTRY DAY SCHOOL FOR MY DAUGHTER/SON TO PARTICIPATE IN THE ABOVE ACTIVITY, I HEREBY WAIVE, RELEASE, AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR PERSONAL INJURY, ILLNESS (INCLUDING, BUT NOT LIMITED TO, COVID-19) DEATH, OR PROPERTY DAMAGE WHICH MY DAUGHTER/SON MAY HAVE OR WHICH MAY HEREAFTER ACCRUE AS A RESULT OF HIS/HER PARTICIPATION IN SAID ACTIVITY. THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE THE ABOVE SCHOOL (ITS OFFICERS, EMPLOYEES, AND AGENTS) FROM AND AGAINST ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY PARTICIPATION IN SAID ACTIVITY. I UNDERSTAND MY DAUGHTER/SON MAY UNDERGO A WELLNESS CHECK EACH DAY OF THE ACTIVITY. I UNDERSTAND THAT THE ABOVE ACTIVITY MAY BE OF A HAZARDOUS NATURE AND/OR INCLUDE PHYSICAL AND/OR STRENUOUS EXERCISE OR ACTIVITY; AND THAT PARTICIPANTS IN THE ABOVE SPORT OR ACTIVITY OCCASIONALLY SUSTAIN MORTAL OR PERSONAL INJURIES AND/OR PROPERTY DAMAGES AS A CONSEQUENCE THEREOF. KNOWING THE RISKS INVOLVED, NEVERTHELESS, MY DAUGHTER/SON VOLUNTARILY APPLIED TO PARTICIPATE IN SAID ACTIVITY AND I HEREBY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH AND TO RELEASE AND HOLD HARMLESS THE ABOVE DISTRICTS, ITS OFFICERS, EMPLOYEES, AND AGENTS. IT IS FURTHER UNDERSTOOD AND AGREED THAT THIS WAIVER, RELEASE, AND ASSUMPTION OF RISKS IS TO BE BINDING ON MY HEIRS AND ASSIGNS. I FURTHER AGREE TO INDEMNIFY AND TO HOLD THE ABOVE DISTRICTS (ITS OFFICERS, EMPLOYEES, AND AGENTS) FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST OR EXPENSE WHICH THEY MAY INCUR AS A RESULT OF ANY INJURY AND/OR PROPERTY DAMAGE THAT MY DAUGHTER/SON MAY SUSTAIN WHILE PARTICIPATING IN SAID ACTIVITY. BY SIGNING THIS DOCUMENT I ATTEST MY WILLINGNESS TO CONDUCT A WELLNESS CHECK ON MY DAUGHTER/SON, INCLUDING A BODY TEMPERATURE CHECK, EACH DAY SHE/HE PARTICIPATES IN THIS ACTIVITY.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE SCHOOL AND SIGN IT OF MY OWN FREE WILL.

Parent/Guardian of Participant:

Print Name _____ **Signature** _____ **Date** _____



Medical Release

I hereby permit my child _____ to participate on Chico Country Day School's _____ team. I understand and fully accept that there are risks involved in sports, and accidents and injuries are common and are ordinary occurrences in sports. I hereby release and hold harmless Chico Country Day School, Chico Country Day School Board of Directors, the Athletic Director, designated coaches and program officials and supervisors from all liability, and from all actions or claims that I or my child nor or hereafter have for damage of injury to my child now or hereafter have for damage or injury to my child or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation.

In the event that my child becomes ill or sustains an injury while in the car or under the supervision of the Sports program operated by Chico Country Day School, any of the adult supervisors of the activity is given my permission to administer first aid for my child's relief. If it is not practical to return my child to me or to receive my instructions for his/her care:

I, the undersigned parent or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and emergency hospital care, which are deemed advisable by and are rendered under the general or special supervision of any of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital from the State of California Department of Health. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

I further agree to not hold Chico Country Day School liable for medical aid rendered and will make reimbursement for the medical or other expenses incurred for the care of the named minor.

Parent/Guardian Signature

Date

Relationship to Minor

Emergency Contact: _____ **Phone:** _____

In the event a parent/guardian cannot be reached, please indicate relatives or family friends who may be contacted in an emergency for pick up.

Name: _____ **Phone:** _____

Relationship: _____

Name: _____ **Phone:** _____

Relationship: _____

Name: _____ **Phone:** _____

Relationship: _____