



Chico Country Day School

Facility Re-Opening Expectations for In-Season and Off-Season Practices

To ensure we provide a safe and healthy environment for our students while continuing to support our co and extra-curricular opportunities, we need to [follow the most current State and County guidelines](#). In addition to this document, more information will be coming out regarding competitions. The expectations/protocols outlined below must be followed to ensure we provide the safety and security our students deserve. Each Head Coach/A.D. must be prepared to provide an accounting of each session/practice plan, including names of participants, schedule of drills/activities included in the practice/session, and the sanitization/decontamination protocol utilized before/during/after each practice/session.

The plan should 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](#).
- Activity Supervisor will keep a daily log of participants including name and phone number.
- Activity Supervisors must wear face coverings at all times.
- Student-participants must wear face coverings at all times when not physically involved in a drill or activity.
- 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.
- Provide contactless payment systems or, if not feasible, sanitize payment systems frequently, depending on volume of use, and wear gloves at point of collection.
- Provide disinfecting wipes containing an EPA-registered disinfectant or other disinfection measure(s) for any staff member for use where appropriate.
- Discontinue the use of shared food and beverage equipment, including water stations and large-volume beverage containers (Gatorade coolers, etc.).
- Discourage participants from bringing their own reusable items from home. Participants should bring individual disposable hydration containers (water bottles, Gatorade, etc.).

By signing below I agree to implement/enforce all expectations and protocols described above.

Head Coach/Organizer:

Print Name

Signature

Date

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 _____