



## PERMISSION FORM AND WAIVER RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, a nation pandemic by the United States President and a state of emergency by the Alabama governor. It is known that 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 federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. However, schools have been beseeched to move to in-person learning and the Alabama High School Athletic Association has cleared K-12 schools for fall sports.

For increased safety and wellness, the Macon County Board of Education (MCBOE) has put in place protective measures to reduce the spread of COVID-19; however, MCBOE cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending activities on the campuses of MCBOE could increase your risk and your child(ren)'s risk of contracting COVID-19. Therefore, MCBOE requires that you acknowledge and accept the risks being assumed during this time by signing below.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and on behalf of myself, my child(ren), my spouse (or co-parent of my child(ren)), I acknowledge and voluntarily assume the risk that my child(ren) and I, and any member of my family or household, including any co-parent who is not a member of my household, may be exposed to or infected by COVID-19 by attending activities on MCBOE campuses and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 while on MCBOE campuses may result from the actions, omissions, or negligence of myself and others, including, but not limited to, MCBOE employees, agents and representatives, volunteers, program participants and their families and/or any other individual who may be present upon school property or in attendance at any school activity.

I voluntarily agree to assume, on behalf of myself, my child(ren), my spouse/co-parent of my child(ren), and any members of my family or my household, all risks and accept sole responsibility for any injury to my child(ren), myself and any member of my family or household, (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my child(ren) and/or members of my family may experience or incur in connection with my child(ren)'s attendance in activities or participation in MCBOE programming ("Claims").

On my behalf, and on behalf of my children and/or members of my family, I will advance no claim and I hereby release, covenant not to sue, discharge, defend, indemnify and hold harmless the MCBOE, its members, employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of MCBOE, its members, employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any MCBOE activity.

I acknowledge that federal laws and the laws of the State of Alabama provide for numerous immunities and defenses for Boards of Education and educators. I understand that these immunities and defenses remain intact.

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**Signature of Parent/Guardian** **Date**

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**Print Name of Parent/Guardian Name of Participant(s)**

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**Signature of 2<sup>nd</sup> Parent/Guardian** **Date**

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To prevent the spread of COVID-19 and reduce the potential risk of exposure to all parties, we are conducting a simple screening questionnaire with this form. Your participation is important to help us take precautionary measures to protect you, your Child(ren) and everyone on campus.

Please circle your answers.

1. Has your child had close contact with or been diagnosed with COVID-19 within the 30 days?

YES\*\*      NO

2. Has your child experienced any of the symptoms below in the last 14 days? (fever, chills, cough, sore throat, respiratory illness, difficulty breathing, or loss of taste or smell)

YES\*\*      NO

3. If my Child(ren) develop(s) any of the above symptoms I will keep them home, notify the District's Administration and the Coach (or sponsor – if not an athletic team) and seek medical care to obtain a physician's note stating it is safe to return to participation.

YES      NO

\*\* If the answer is "yes" to questions 1 or 2, access to campus activity will be denied until a physician's note is delivered to the District Administration and Athletic Director or Coach.

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**Signature of Parent/Guardian** **Date**