



**Haverhill High School Athletics
COVID-19 Student-Athlete Consent Form**

Student-Athlete Name: _____

Sport: _____

The Haverhill Athletic Department has put in place preventative measures to reduce the spread of COVID-19; however, the HHS Athletic Department, its staff and facilities department cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending this programming could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending this programming and that such exposure or infection may result in personal illness or injury. I understand that the risk of becoming exposed to or infected by COVID-19 at the Haverhill facilities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Haverhill employees, volunteers, coaches, athletic trainers and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any illness to my child(ren) or myself, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Haverhill facilities, participation in Haverhill Schools programming ("Claims") or those suggested by Haverhill staff. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Haverhill Athletic Department, the Haverhill Public Schools, the Haverhill School Committee, its employees, governing board, 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 the Haverhill Public Schools, the Haverhill Athletic Department, its staff, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Haverhill Athletic program. In Signing this agreement I agree to check my child for Covid-19 symptoms and if necessary, check temperature before each practice, game or event and agree to keep my child home if they are showing any signs of illness.

PARENT OR GUARDIAN

By signing this Permission Form, we acknowledge that we have read and agree with all information contained within and accept the risks while participating in Haverhill High Athletics. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

Student-Athlete Name

has my permission to participate in Haverhill High School Athletics during the 2020-2021 sports seasons.

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Signature of Parent/Guardian

Date

Print or Type Name

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Signature of Student-Athlete

Date

Print or Type Name