

Alta Sierra XC Fall Camp Waiver

*11/3, 11/5, 11/10, 11/12, 11/17, 11/19, 12/1, 12/3

Participant

First Name: _____ Last Name: _____

Date of Birth: _____ School of Enrollment 2019-20 _____

Parent/ Guardian _____ E-mail _____

Address _____ Home Phone: _____

Alternate Phone: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

As the parent/guardian of the above-named child and on behalf of myself and my child, agents, heirs, and successors, I voluntarily agree to: (1) assume all risks of injury, illness, or death to my child arising out of or resulting from my child's participation in and/or attendance at the above-stated program or activity, such risks to include but are not limited to, injury, illness, or death due to being exposed to or infected by contagious diseases, including COVID-19; (2) waive and release all claims, causes of actions, actions, liabilities, and costs against the Clovis Unified School District (District) and its governing board and members thereof, officers, employees, agents, and volunteers (collectively District Personnel) and hold harmless the District and District Personnel from any claims, causes of actions, actions, liabilities, and costs that may arise out of or result from my child's participation in or attendance at such program or activity; and (3) assume all obligations for any medical, financial, and other costs and/or liabilities that be sustained or incurred by my child, myself, or my agents, heirs, and/or successors. The District assumes no responsibility and shall not be liable for any injury, illness, death, liabilities, damages, or costs that my child, myself, my agents, heirs, and/or successors may sustain or incur arising out of or resulting from the aforementioned program or activity.

In accordance with CIF bylaw 207, any athlete who transfers from School "A" to School "B" after having prior contact, during the previous 24 months, either directly or indirectly with school "B" prior to enrollment shall not be eligible at School "B" for 365 days from initial date of enrollment. This includes this camp, clinic, AAU, club team, and/or workouts.

By signing this, you are saying that the participant hasn't been exposed to anyone with COVID-19 and hasn't had any symptoms for the past 14 days and they haven't traveled to a country on the CDC No-Travel list.

Parent/Guardian Signature: _____ Date: _____

Every participant must have a signed form turned in prior to participating in any activity.