Assumption of the Risk and Waiver of Liability

Relating to Coronavirus/COVID-19

By signing this agreement, I acknowledge the contagious nature of COVID-19 and on behalf of myself, my child(ren), I and spouse/co-parent of child(ren) voluntarily assume the risk that my child(ren) and I, and any member of my family, may be exposed to or infected by COVID-19 by attending activities on Placer County Office of Education (PCOE) campuses and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 while on PCOE campuses may results from the actions, omissions, or negligence of myself and others, including, but not limited to, PCOE employees, agents and representatives, volunteers, program participants and their families and/or any other individual who may be present upon PCOE property or in attendance at any PCOE program activity.

I voluntarily agree to assume, on behalf of myself, my child(ren), and my spouse/co-parent of child(ren) all risks and accept sole responsibility for any injury to my child(ren), myself and any member of my family, (include, but not limited to, personal injury, disability, and/or 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 PCOE program (“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 no to sue, discharge, defend, indemnify and hold harmless PCOE, its 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 PCOE, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any PCOE program activity.

Additionally, it should be noted that the laws of the State of California provide for numerous immunities for school should something occur to a student or to the family of a student as a result of activities on school property. In addition to this Agreement, these immunities remain intact.

If my Child(ren) develop(s) any of the above symptoms I will keep them home, notify PCOE’s Administration and seek medical care to obtain a physician’s note stating it is safe to return to participation.

I have read and understand this Release of Liability and Assumption of Risk Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign freely and voluntarily without any inducement.

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

_______________________________________  _______________________________________
Signature of Parent/Guardian    Date