



Pleasant Grove Middle School Athletic Packet

Pleasant Grove Middle School offers a full range of athletic opportunities after school. Students of all grade levels are eligible to participate in cross country, flag football, volleyball, basketball, track and field, and wrestling. Tryouts are not required for cross country, track and field, or wrestling. Teams participate against other middle schools from within the El Dorado County Sports League. Pleasant Grove will compete against a variety of small and large schools depending on the sport. Possible league opponents include Marble valley, Golden Hills, Golden Sierra, Sierra Ridge, Markham, Herbert Green, Gold Trail, Mountain Creek, and Valley View.

In order to participate in any athletic team event for Pleasant Grove Middle School, including tryouts and practices, you must meet the terms of athletic eligibility and complete and return all items included in this athletic packet.

In order to be eligible to participate in the sports program, as student must have:

- A minimum grade point average of 2.0 (C average) without any F's, during the current and/or preceding grading period (progress report or trimester)
- 80 merits for the trimester
- A current physical exam on file

Members of sports teams at school are expected to act as exemplary citizens of the school and community. They are ambassadors of the school as they go out to compete at other schools and are expected to act as such. They are also to be exemplary in their efforts in PE class by demonstrating good sportsmanship, a cooperative attitude with teachers, and always giving 100% effort in class activities.

Students on an athletic team, whose grades fall below a 2.0 grade point average during the grading period (progress report or trimester) will be ineligible for the remainder of the season and **will be removed from the team**. Please routinely check your student's academic progress on Jupiter Grades.

Students must attend school a minimum of four periods or four hours on a game day or on a Friday preceding a Saturday tournament or they **will be ineligible for that day's competition**.

Please find the attached forms to be submitted to the office PRIOR to your student trying out or participating in our athletic program.

- ☐ Sports Physical Examination Form
- ☐ Agreement for Team Participation
- ☐ Concussion and Head Injury Information Sheet

Rescue Union School District - SPORTS PHYSICAL EXAMINATION FORM

PART I (TO BE COMPLETED BY STUDENT AND PARENT(S OR GUARDIAN))										
LAST NAME				FIRST NAME				GRADE		
BIRTHDATE		FALL SPORT		WINTER SPORT		SPRING SPORT		STUDENT ID NUMBER		
HEALTH HISTORY (Must be completed prior to the examination)										
	Yes	No	Has this student had any:				Yes	No	Does this student:	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or recurrent illness?				16.	<input type="checkbox"/>	<input type="checkbox"/>	Wear eyeglasses or contact lenses?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Illness lasting over 1 week?				17.	<input type="checkbox"/>	<input type="checkbox"/>	Wear dental bridges, braces or plates?
3.	<input type="checkbox"/>	<input type="checkbox"/>	Hospitalizations or Surgery?				18.	<input type="checkbox"/>	<input type="checkbox"/>	Take any medications? (List below):
4.	<input type="checkbox"/>	<input type="checkbox"/>	Nervous, psychiatric, or neurologic condition?					Yes	No	Is there any history of:
5.	<input type="checkbox"/>	<input type="checkbox"/>	Loss or nonfunctioning of organs (eye, kidney, liver, testicle) or glands?				19.	<input type="checkbox"/>	<input type="checkbox"/>	Injuries requiring medical care or treatment?
6.	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (medicines, insect bites, food)?				20.	<input type="checkbox"/>	<input type="checkbox"/>	Neck or back pain or injury?
7.	<input type="checkbox"/>	<input type="checkbox"/>	Problems with heart or blood pressure?				21.	<input type="checkbox"/>	<input type="checkbox"/>	Knee pain or injury?
8.	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain or severe shortness of breath with exercise?				22.	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder or elbow pain or injury?
9.	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting with exercise?				23.	<input type="checkbox"/>	<input type="checkbox"/>	Ankle pain or injury?
10.	<input type="checkbox"/>	<input type="checkbox"/>	Fainting, bad headaches or convulsions?				24.	<input type="checkbox"/>	<input type="checkbox"/>	Other joint pain or injury?
11.	<input type="checkbox"/>	<input type="checkbox"/>	Concussion or loss of consciousness?				25.	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones (fractures)?
12.	<input type="checkbox"/>	<input type="checkbox"/>	Heat exhaustion, heatstroke, or other problems with heat?					Yes	No	Further history:
13.	<input type="checkbox"/>	<input type="checkbox"/>	Racing heart, skipped, irregular heartbeats, or heart murmur?				26.	<input type="checkbox"/>	<input type="checkbox"/>	Birth defects (corrected or not)?
14.	<input type="checkbox"/>	<input type="checkbox"/>	Seizures?				27.	<input type="checkbox"/>	<input type="checkbox"/>	Death of parent or grandparent less than 40 years of age due to medical cause or condition?
15.	<input type="checkbox"/>	<input type="checkbox"/>	Severe or repeated instances of muscle cramps?				28.	<input type="checkbox"/>	<input type="checkbox"/>	Parent or grandparent requiring treatment for heart condition less than 50 years of age
Date of last known tetanus (lockjaw) shot: _____						29.	<input type="checkbox"/>	<input type="checkbox"/>	Been seen by a physician on an emergency or urgent basis in the last 12-months?	
Date of last complete physical examination: _____										
<u>Explain all "YES" answers here along with any other fact or circumstance that should be disclosed to the examining physician (use reverse of form if needed):</u>										
PARENT/GUARDIAN'S AUTHORIZATION: I authorize a physician to perform a Sports Physical Evaluation on the student. The information set forth above is complete and accurate and I know of no reason why the student cannot fully and safely participate in the listed sports. I understand that this is solely a screening examination and that the absence of any health conditions or concerns listed below does not mean that student is free from actual or potential harmful health conditions that may cause the student injury or death while participating in sports. Any question or concern I may have regarding the student's health or safety will be referred to our personal physician for review and evaluation.										
PRINT NAME OF PARENT OR GUARDIAN						SIGNATURE OF PARENT OR GUARDIAN				
ADDRESS						WORK PHONE		HOME PHONE		
REGULAR PHYSICIAN'S NAME						OFFICE PHONE		DATE		
PART II (TO BE COMPLETED BY THE EXAMINING PHYSICIAN)										
	NORMAL	ABNORMAL (Describe)								
Eyes/Ears/Nose/Throat		Height:								
Skin		Weight:								
Heart		Pulse: After Ex:								
Abdomen		BP:								
Genital/hernia (males)		Recommendation: <input type="checkbox"/> Unlimited participation <input type="checkbox"/> Limited participation/specific sports, events or activities <input type="checkbox"/> Clearance withheld pending further testing/evaluation <input type="checkbox"/> No athletic participation One of the above <u>MUST</u> be checked.								
Musculoskeletal:										
a. Neck/Spine/Shoulders/Back										
b. Arms/Hands/Fingers										
c. Hips/Thighs/Knees/Legs										
d. Feet/Ankles										
Neurologic Screening Exam (NSE)										
Comments:										
PRINT NAME OF PHYSICIAN (M.D. Only)				PHYSICIAN'S SIGNATURE				DATE		

RESCUE UNION SCHOOL DISTRICT
AGREEMENT FOR TEAM PARTICIPATION

[Including Waivers and Releases of Potential Claims and Statement of Other Obligations]

All sections of this Agreement must be completed, with the signed original delivered to the School Office, before a Student will be allowed to participate in any manner in the Team Activities defined below.

A separate Agreement is required for each Team in which the Student may participate.

Name of Student	Address:
Grade:	DOB:
School:	Telephone:
Team:	

In Consideration for the Student's ability to participate in the Team [including any Sport, Cheerleading, Dance, or Marching Band], including try outs for the Team, participation in Team practices or training sessions, receiving coaching, training, and direction, participating in Team events, shows, performances, and competitions, and traveling to and from any of the foregoing activities ("Team Activities"), the Student and the Parent or Legal Guardian ("Adult") signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason, that does not violate Federal, State or District laws, policies or procedures. There is no guaranty that the Student will make the Team, remain on the Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the District and its employees.
2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in a Team Activity, a medical clearance shall be submitted (valid for one calendar year), signed by a medical doctor (nurse practitioners, chiropractors or other non-California licensed medical doctors are not acceptable), stating that the Student has been physically examined and is deemed to be in sufficiently good health and fitness so that the Student may fully participate in Team Activities.
3. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the District. Failure to meet these obligations may, in the discretion of the District, result in immediate removal from Team Activities and a prohibition against any future involvement in Team Activities or other extra-curricular activities. Should the violation of these obligations also result in bodily injury or property damage during a Team Activity, the Adult will (a) pay to restore or replace any property damaged as a result of the Student's violation, (b) pay any damages caused to bodily injury to an individual, and (c) defend, protect and hold the District harmless from such property damage or bodily injury claims.
4. Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent and serious physical injury to the Student, including paralysis, brain injury, or death ("Injuries") Injuries might arise from the Student's actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential Injuries, whether or not caused by the Student's participation in Team Activities. All such risks are deemed to be inherent to the Student's participation in Team Activities. By this Agreement, the Student and Adult are deemed to fully assume all such risks and, in consideration for the right of the Student to participate in Team Activities, understand and agree that to the fullest extent allowed by law they are waiving and releasing any potential future claim they might otherwise have been able assert against the District, or any Board Member, employee, agent or volunteer of the District ("Released Parties") by or on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member, and further understand that transportation to or activities at another location are "field trips" or "excursions" for which there is complete immunity pursuant to Education Code § 35330.
5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in Team Activities might present a risk of Injury, the Student will immediately discontinue further participation in Team Activities, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. Any parent or guardian of the Student shall, thereafter, not allow the Student to participate in Team Activities until the unsafe condition or circumstance is remedied, with any question or concern regarding the alleged existence of the unsafe condition or circumstance addressed to their satisfaction.

RESCUE UNION SCHOOL DISTRICT

6. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Team Activities. If an injury or medical emergency occurs during Team Activities, District employees, agents or volunteers have my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

7. California Education Code Section 32221 requires each member of a Team to have insurance protection for medical and hospital expenses resulting from bodily injuries in one of the following amounts: (a) a group or individual medical plan with accident benefits of at least \$200 for each occurrence and major medical coverage of at least \$10,000, with no more than \$100 deductible and no less than 80% payable for each occurrence; (b) group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least \$1,500; or (c) at least \$1,500 for all such medical and hospital expenses. You may meet this obligation in one of two ways:

a. Provide your own private medical and hospital expense insurance coverage. If this option is selected, please provide _____ (Name of Insurance Company), _____ (Policy number), _____ (list coverage dates or "continuous"). Under this option, by signing below, the Adult is certifying that the Student is presently covered under the listed Policy, the Student will remain covered under the Policy during the length of the Team season, and the provided insurance coverage complies with Section 32221.

b. Purchase insurance meeting the requirements of Section 32221, for the period during which the Student is participating on the Team, through a coverage provider made available through the District [please contact the District to gain additional information regarding this program]. If you are financially unable to pay for such insurance, a payment waiver can be submitted [forms seeking this waiver are also available from the District]. If the waiver is submitted, it remains the obligation of the Student and Adult to ensure that such coverage is actually purchased; with the District assuming no liability or obligation arising from any actual or alleged failure timely to assist or obtain such coverage for the Student.

8. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. I hereby authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

9. This Agreement shall be governed by the laws of the State of California. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statements, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

BY SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (5) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT; (6) I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.

Printed Name of Parent/Guardian

Signature

Date

As the Student, I understand and agree to all of obligations placed on me by this Agreement.

Printed Name of Student

Signature

Date

Rescue Union School District

CONCUSSION AND HEAD INJURY INFORMATION SHEET

Student:		Address:	
Grade:		Telephone:	
School:	School Year:	DOB:	

Pursuant to Education Code Section 49475, before a Student may try-out, practice, or compete in any District-sponsored extracurricular athletic program, including interscholastic, intramural, or other sport or recreation programs (including cheer/dance teams and marching band), but excluding physical education courses for credit, the student and parent/legal guardian must review and execute this Concussion and Head Injury Information Sheet. Once signed, the Sheet is good for one academic year (Fall through Spring) and is applicable to all athletic programs in which the Student may participate.

IMPORTANT INFORMATION REGARDING CONCUSSIONS

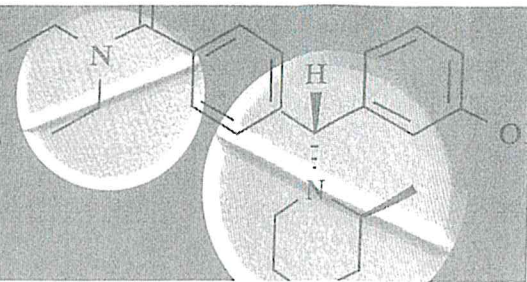
If a Student is suspected of sustaining a concussion or head injury during an athletic activity, the Student shall be immediately removed from the activity. The Student will not be allowed to resume any participation in the activity until he/she has been evaluated by a licensed health care provider (MD or DO for CIF-governed interscholastic sports; MD, DO, nurse practitioner, or physician's assistant for all other sports/athletic activities), who must affirmatively state (1) that he/she has been trained in concussion management and is acting within the scope of his/her licensed medical practice, and (2) the student has been personally evaluated by the health care provider and has received a full medical clearance to resume participation in the activity. By law, there can be no exceptions to this medical clearance requirement.

Depending on the circumstances of a particular practice or game, a supervising referee/umpire, coach/assistant coach, athletic trainer, or attending health care provider may determine that a student should be removed from an activity based on a suspected or potential concussion or head injury. The following guidelines will be used: (1) in the case of an actual or perceived loss of consciousness, the student must be immediately removed from the activity; (2) in all other cases, standardized concussion assessment tools (e.g., Sideline Concussion Assessment Tool (SCAT-II), Standardized Assessment of Concussion (SAC), or Balance Error Scoring System (BESS) protocol) will be used as the basis to determine whether the student should be removed from the activity. For the safety and protection of the student, once a supervising individual makes a determination that a student must be withdrawn from activity due to the potential existence of a concussion or head injury, no other coach, player, parent or other involved individual may overrule this determination.

Once a student is removed from an activity, the parent/guardian should promptly seek a medical evaluation by a licensed health care provider, even if the student does not immediately describe or show physical symptoms of a concussion (headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling "slow," "foggy," or "not right," difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep). If the student reports or shows any of these symptoms, immediate medical health care should be obtained. If a parent or legal guardian is not immediately available to make health care decisions, the District reserves the right to have the student taken for emergency or urgent evaluation or medical care in keeping with the authorization contained in the Agreement for Team Participation.

Dated: _____ Dated: _____
Student _____ Adult _____
Signature _____ Signature _____

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as
1 in 4
PEOPLE*



receiving prescription opioids long term in a primary care setting struggles with addiction.

*Findings from one study

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

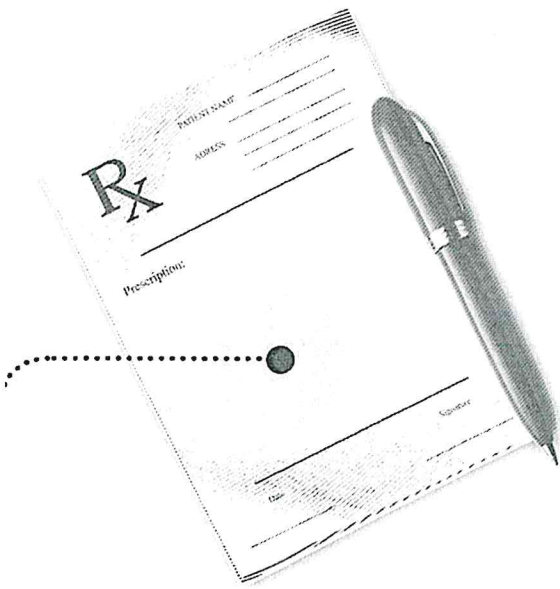


American Hospital
Association

KNOW YOUR OPTIONS

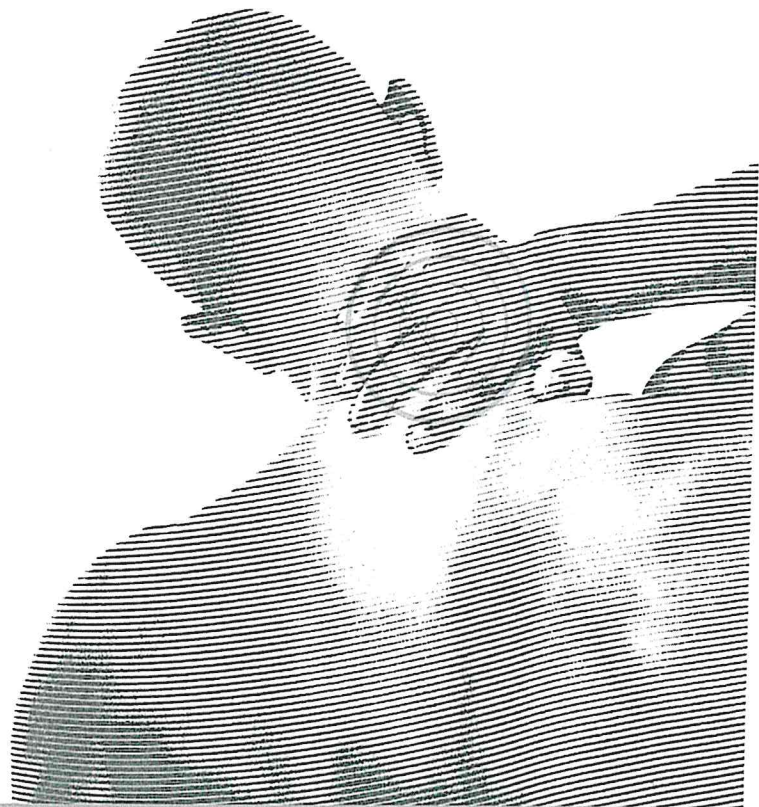
Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- ☐ Pain relievers such as acetaminophen, ibuprofen, and naproxen
- ☐ Some medications that are also used for depression or seizures
- ☐ Physical therapy and exercise
- ☐ Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.



IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- ☐ Never take opioids in greater amounts or more often than prescribed.
- ☐ Follow up with your primary health care provider within ____ days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- ☐ Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- ☐ Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- ☐ Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- ☐ Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- ☐ If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

Release of Liability and Assumption of Risk Agreement for Extracurricular Sport, Club or Activity Participation

STUDENT NAME	SCHOOL	DATES(S) OF ACTIVITY
CLUB / ACTIVITY		LOCATION

This is a release of liability and assumption of risk agreement. Read it carefully and sign below. Completion of this release is a prerequisite to participation in any extracurricular sport, club or activity. This release essentially says that my son/daughter named above is voluntarily participating in an extracurricular sport, club or activity as specified above. This voluntary participation is a privilege and not a right. Participation in the extracurricular sport, club or activity, includes but is not limited to, practices, training, coaching, use of equipment, as well as events, shows, games or other competitions, including traveling to and from any of the activities.

If he/she is hurt, disabled, injured, or even dies from an injury or exposure to a contagious virus such a SARS-CoV2 (COVID-19), I/we (i.e., the student, his/her parent/s, guardian/s, or heir/s) will not make a claim against or sue the Rescue Union School District (hereinafter RUSD, its trustees, officers, employees, and agents, or expect them to be responsible or pay for any damages.

I, the undersigned, understand and acknowledge that the above-named student has voluntarily chosen to participate in this extracurricular sport, club or activity at his/her own risk. I know and fully understand that said extracurricular sport, club or activity may involve numerous risks, dangers, and hazards, both known and unknown, where serious accidents or exposures can occur, and where participants can sustain physical injuries, illness, or disability, damage to their property, or even die. Regardless of whether the extracurricular sport, club or activity involves physical contact or not, any activity includes inherent risks of injury which are inseparable from the activity. I also acknowledge that the extracurricular sport or activity involves physical contact that may involve exposure to the SARS-CoV2 (COVID-19) virus. I acknowledge and willingly assume all risks and hazards of potential injury, illness, disability and death in this extracurricular sport, club or activity, including any transportation to or from the activity, or exposure to COVID-19 during transportation or while participating in the activity.

In consideration for RUSD, allowing the student to participate in this extracurricular sport, club or activity, I voluntarily agree to release, waive, discharge, and hold harmless the RUSD and its trustees, officers, employees, and agents from any and all claims of liability arising out of their negligence, or any other act or omission which causes the student illness, injury, death, or damages of any nature in any way connected with the student's participation in this extracurricular sport, club or activity. I also expressly agree to release and discharge the RUSD, its trustees, officers, employees, and agents from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

As a parent or legal guardian of the student/participant under 18 years of age, I have read and voluntarily agree that my son/daughter may participate in this extracurricular sport, club or activity, and I sign this release on his/her behalf. *In signing this document I fully recognize and understand that if my son/daughter is hurt, contracts a contagious virus, is disabled, or dies, or his/her property is damaged, I am giving up my right and the right of his/her heirs to make a claim or file a lawsuit against the RUSD, its trustees, officers, employees, and agents.*

I, THE UNDERSIGNED, HAVE READ THIS DOCUMENT. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS, AND I FURTHER UNDERSTAND THAT I AM ASSUMING ALL RISKS INHERENT IN THIS EXTRACURRICULAR SPORT, CLUB OR ACTIVITY. I VOLUNTARILY SIGN MY NAME AS EVIDENCE OF MY ACCEPTANCE OF THE AGREEMENT'S PROVISIONS, PARTICIPATION IN THE EXTRACURRICULAR SPORT, CLUB OR ACTIVITY, AND ANY FIELD TRIP OR EXCURSION ASSOCIATED WITH IT.

Signature of Parent or Legal Guardian* _____ DATE: _____

Signature of Minor Student/Participant Acknowledging Risk _____ DATE: _____

**ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND AGREEMENT TO ABIDE BY
RESCUE UNION SCHOOL DISTRICT COVID-19 PROTOCOLS**

Activity: TO BE FILED IN 2020/21

School Name: _____

Student(s) : _____ **Grade:** _____

The novel coronavirus (or COVID-19) has created a pandemic resulting in a State of Emergency in California. 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 health officers have required or recommended social distancing and, in many instances, have prohibited or significantly limited the congregation of groups of people.

Rescue Union School District ("RUSD") is complying with guidance and taking reasonable steps to mitigate the risk of spreading SARS-CoV-2 ("COVID-19"). However, this risk cannot be completely eliminated and RUSD cannot guarantee that you and/or, if applicable, your student(s)/child(ren) will not become infected with COVID-19. Further, participating in the RUSD athletic program and related events and activities ("Athletic Program") could increase your and/or, if applicable, your student(s)/child(ren)'s risk of contracting COVID-19. Consequently, for the safety of our staff, students, parents, and other visitors, RUSD requires all persons participating in its activities during this pandemic to acknowledge an assumption of the risk, waive (i.e. release) liability, and agree to abide by our COVID-19 protocols, as follows:

1. I request to participate in the above Activity. If applicable, I am the parent and/or legal guardian of the above-named student(s)/child(ren), and I request that he/she/they be allowed to participate in the above Activity and I give my permission for he/she/they to do so.
2. Assumption of Risk. By signing this agreement, I understand and acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and, if applicable, my student(s)/child(ren), may be exposed to or infected by (COVID-19) by participating in the above activity, and while being transported to and from said activity, 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 by participating in the Activity may result from the actions, omissions, or negligence of myself and others, including, but not limited to, other participants or RUSD officials, employees, volunteers, and/or representatives. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any harm, loss, or injury to myself and/or, if applicable, my student(s)/child(ren) (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind, that I, or, if applicable, my student(s)/child(ren), may experience or incur in connection with the above Activity. ("Claims").
3. Waiver of Liability. In consideration for the District's allowing me and/or, if applicable, my student(s)/child(ren) to participate in the above Activity, I, on behalf of myself, and/or, if applicable, my student(s)/child(ren), hereby release, covenant not to sue, discharge, and hold harmless the District, and any officials, employees, volunteers, and/or representatives thereof ("Releasees"), 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 or other conduct of RUSD, its officials, employees, volunteers, agents and/or representatives, whether a COVID-19 infection occurs before, during, or after participation in the above Activity.

4. Agreement to Abide by COVID-19 Protocols. I agree that I, and/or, if applicable, my student(s)/child(ren), will not enter District grounds or facilities if I am, and/or he/she/they is/are, feeling ill, which includes, but is not limited to, the following symptoms: fever, cough, difficulty breathing, shortness of breath, chest pain, and/or bluish lips or face. I understand and acknowledge that I, or, if applicable, my student(s)/child(ren), may be denied entrance or admittance if the District determines that I am, or he/she/they is/are, showing any such symptoms. I warrant and represent that I am not aware of any medical condition of myself and/or, if applicable, my student(s)/child(ren) which would render it inappropriate for me and/or him/her/they to participate in the activity. I agree to abide by all COVID-19 guidelines and other COVID-19-related policies and procedures, which may change over time as circumstances change over time. This may include hand washing requirements and temperature checks for myself and, if applicable, my student(s)/child(ren). I agree to practice good hygiene etiquette such as sneezing into my elbow, utilizing tissues, and avoid touching my eyes, nose, and mouth, and, if applicable, to instruct my student(s)/child(ren) to do the same. I understand and acknowledge that my failure to abide by and/or my failure to ensure that any student/child of mine abides by this agreement may result in me and/or, if applicable, my student(s)/child(ren), being removed from the Athletic Program.

I HAVE READ THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND AGREEMENT TO ABIDE BY RUSD COVID-19 PROTOCOLS, FULLY UNDERSTAND ITS TERMS.

Student Name

Signature Date

Student

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her/their personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her/their release provided above for all the Releasees, and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence and/or participation in these activities as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.**

Parent/Guardian Name

Parent/Guardian Signature Date