



WESTERN PLACER
UNIFIED SCHOOL DISTRICT
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**Assumption of Risk and Waiver
of Liability for Transportation
and Agreement to Abide by
WPUSD, COVID-19 Protocols**

Activity: TO BE FILED IN 2021/22

School Name: _____

Names(s): _____

Grade (for students): _____

The novel coronavirus (or COVID-19) has created a pandemic resulting in a State of Emergency in California. COVID-19 is extremely contagious and 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.

Western Placer Unified School District is complying with guidance and taking reasonable steps to mitigate the risk of spreading COVID-19. However, this risk cannot be completely eliminated and Western Placer Unified School District cannot guarantee that you and/or, if applicable, your student(s)/child(ren) will not become infected with COVID-19. Further, participating in the Western Placer Unified School District activities which may involve transportation by bus or otherwise 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, Western Placer Unified School District 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 District's 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 District's 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 School District's activity(ies), 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 as a participant in such activity(ies) and/or transportation may result from the actions, omissions, or negligence of myself and others, including, but not limited to, other participants or Western Placer Unified School District, 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(ies). ("Claims").
3. Waiver of Liability: In consideration for the District allowing me and/or, if applicable, my student(s)/child(ren) to participate in the District's activity(ies) and/or transportation service, 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

Western Placer Unified School District, its officials, employees, volunteers, agents and or representatives, whether a COVID-19 infection occurs before, during, or after use of the District's transportation services.

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, facilities, buses or any other vehicles 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 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 activity(ies) and/or transportation.

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

Student or Volunteer Name

Student or Volunteer Signature

Date

FOR PARTICIPANTS OF MINORITY AGE (UNDER 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 Releases, 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 the district's activity(ies) and/or transportation services as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Parent/Guardian Name

Parent/Guardian Signature

Date