



calanes Union High School District

1212 Pleasant Hill Road, Lafayette, CA 94549

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925-280-3900 ♦ Fax 925-280-3903

AUHSD Camp Protocol Acknowledgement and Liability Form

Every Participant must agree to the following:

1. Players are expected to follow the AUHSD Athlete Code of Conduct.
2. Restroom use is limited to one Player/Student at a time. Hands shall be washed with soap for at least 20 seconds after each use
3. Parents must ensure that students are not running a fever and are symptom free before attending camp on each day. Symptoms that negate the ability of the Player/student to attend camp include: Fever or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, loss of taste/smell, sore throat, congestion, nausea, vomiting, diarrhea. This list does not include all possible symptoms.
4. Should any Player/Student exhibit the symptoms above they shall not attend camp and the camp director shall immediately be notified. Players/Students and coaches must stay home if experiencing any symptoms described above.

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of allowing the below identified minor being allowed to participate in camps offered by the Acalanes Union High School District and related events and activities, the undersigned acknowledges and agrees that:

1. I understand, acknowledge and agree that the District, its employees, officers, agents or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.
2. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my Player/student's participation; and,
4. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. I have reviewed the most recent directives from the Centers for Disease Control (CDC), the California Department of Public Health and Contra Costa Health Services regarding the risks associated with Covid-9 exposure and safe practices to follow. If, however, I observe any unusual or significant hazard during my presence or based on information provided to me I will remove my Player/Student from participation and bring such to the attention of the nearest official immediately. Further I have informed and discussed the dangers of participation and the required rules and regulations to allow participation to my Player/Student and he/she acknowledges a full understanding of such; and,
5. I, for myself and on behalf of my Player/Student, heirs, assigns, personal and representatives HEREBY RELEASE AND HOLD HARMLESS the Acalanes Union High School District, its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
I HAVE READ 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 IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Player/Student: _____

Parent/Guardian signature: _____

Date signed: _____