



## SENECA VALLEY ATHLETICS & ACTIVITIES

### Health & Safety Plan for Return to Sport/Activity

#### COVID-19 Questionnaire/Release

Student-Athlete NAME		Grade
Parent NAME	Parent CELL	Parent EMAIL

I acknowledge receipt of the Seneca Valley School District's Health and Safety Plan for Return to Sport.

While it is not possible to eliminate all risk of furthering the spread of COVID-19, Seneca Valley School District will take necessary precautions and comply with guidelines from public health authorities, such as the Centers for Disease Control and the Pennsylvania Department of Health, as well as the Pennsylvania Interscholastic Athletics Association, to attempt to mitigate the risks to students, coaches, and their families. As knowledge regarding COVID-19 is constantly changing, Seneca Valley School District reserves the right to adjust and implement its precautionary methods as necessary to decrease the risk of exposure for our staff, students, and spectators.

I acknowledge that participation in athletic programs, events, and activities may include a possible exposure to a communicable disease including but not limited to MRSA, influenza, and COVID-19. I further acknowledge that I am aware of the risks associated with COVID-19 and that certain vulnerable individuals may have greater health risks associated with COVID-19, including individuals with serious underlying health conditions such as, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, and those whose immune systems are compromised by chemotherapy for cancer, and other conditions requiring such therapy. While recommendations and personal discipline may reduce the risks associated with participating in athletics during the COVID-19 pandemic, the risk of serious illness, medical complications and possible death does exist.

By signing this form, I voluntarily agree, individually and as the parent or legal guardian of the Student named above, to release and discharge the Seneca Valley School District, its directors, administrators, employees, agents, volunteers, successors and assigns (collectively the "Released Parties") from all claims, causes of action, expenses, losses, damages, injuries and/or illnesses associated with exposure to COVID-19 or any other communicable disease arising out of the Student's participation in athletic programs, events, and activities and I agree to indemnify and defend the Released Parties and hold them harmless from any and all claims, causes of action, expenses, losses, damages, liability or demands for bodily injury, psychological injury, illness and/or death resulting from such participation.

I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Released Parties, other student-athletes or others, and assume full responsibility for Student's participation in athletics during the COVID-19 pandemic. I willingly agree to comply with the mitigation measures established by the Seneca Valley School District to limit the exposure and spread of COVID-19 and other communicable diseases. I certify that Student is in good physical condition or believe Student to be in good physical condition and allow participation in this sport at our own risk.

Parent SIGNATURE

DATE