



## THE SCHOOL DISTRICT OF LEE COUNTY

**Assumption of Risk, Waiver, Release & Hold Harmless****COVID-19 and Voluntary Extracurricular Activities Summer  
2020 and School Year 2020-21**

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by the School Board of Lee County, Florida, and the Lee County School District (collectively, "LCSD"). The novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19.

LCSD will conduct certain extracurricular activities beginning in the Summer of 2020 and continuing into the 2020-21 school year. These activities, hereinafter known as "Activity," will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity if they do not comply. Extracurricular activities are a privilege, and not a right, of public-school students.

In an effort to ensure the safety and wellness of our school community, I understand the importance of students being healthy and safe when they participate in the Activity. By signing below, I agree that I will:

- Perform daily temperature checks on my child(ren) to screen for fever before arrival for the Activity. Fever is defined as a temperature over 100.4 F or 38.0 C. If my child(ren) has a fever, I will not permit my child(ren) to participate in the Activity until he/she has been without a fever for at least 72 hours. I also agree that the District may screen my child(ren) for a fever prior to allowing participation in any extracurricular activities.
- Make a visual inspection of my child(ren) for signs of illness which could include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in the Activity until he/she has been without signs or symptoms for at least 72 hours.
- Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child(ren) has been in contact with such a person, I will not permit my child(ren) to participate in the Activity until 14 days have elapsed since the time of contact.
- Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are present. I understand that children are to remain home until illness-free for at least 72 hours without the use of medicine.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from my own actions, and/or omission those of my children, LCSD staff, volunteers, or agents, other Activity participants, or others not listed. By signing this, I acknowledge and accept all such risk in connection with my child(ren's) participation in the Activity. Finally, I

**BOARD MEMBERS:** MARY FISCHER, CHAIR, DISTRICT 1 | DEBBIE JORDAN, VICE CHAIR, DISTRICT 4 | MELISA W. GIOVANNELLI, DISTRICT 2  
CHRIS N. PATRICCA, DISTRICT 3 | GWYNETTA S. GITTEMS, DISTRICT 5 | BETSY VAUGHN, DISTRICT 6  
CATHLEEN O'DANIEL MORGAN, DISTRICT 7 | GREGORY K. ADKINS, Ed.D., SUPERINTENDENT | KATHY DUPUY-BRUNO, BOARD ATTORNEY

acknowledge that the above guidelines may change at any time due to recommendations by the Centers for Disease Control (CDC), the State of Florida, the Department of Health, the School Board of Lee County, Florida, or any other regulating entity.

In consideration of my child(ren) being able to participate in the Activity, I, on my own behalf and on behalf of my child(ren) or other family member assisting me in the participation in the Activity, hereby waive, release, and hold the School Board of Lee County, Florida, and its employees and agents harmless from any and all claims, causes of actions, fees, costs, and any expenses of any sort or kind from exposure to and/or infection from COVID-19, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the Activity.

Signature of Parent/Guardian

Signature of Student

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Print name of Parent/Guardian

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Print name of Student

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Date of signature

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Date of signature