

## COVID-19 ASSUMPTION OF RISK FORM

student is a member of the school's

WHEREAS, \_

Print Student Name	Sport
interscholastic athletic team;	·
others. While vaccinations have started, there are still near other human beings that have the virus. The stud	ed illness and long term effects on the lives of countless serious risks of contracting the virus from being with or ent and parent/legal guardian understand that urther, that participation in sports will place the student in
administrators and assigns, and, as parent/legal guardia Parent/Legal Guardian of Minor Student apprised of the interscholastic athletic competition, which could result and hereby consent to the participation of student in su	t in serious bodily injury and even death from COVID 19 ach athletic activity and competition, agree to assume interscholastic Association (OIA), its officials and agents or by reason of any athletic injury to student, while athletic team in sports
	Sport
activities that are sanctioned by the OIA.	
	s made with full knowledge of the facts and legal bey further agree that this agreement contains the entire ms of this agreement are contractual and not mere recitals
IN WITNESS WHEREOF, the parties hereby execute agreement.	this agreement, effective the date first indicated in this
Student's Signature	Adult Student's Signature
Parent/Legal Guardian's Signature	Date

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