

**ST. ANSGAR'S INFORMED CONSENT AGREEMENT FOR
PARTICIPATION IN SCHOOL ATHLETICS**

Dear Parents, Guardians, and Student Athletes

The District is taking reasonable measures to prevent the spread of infection, including tracking and following applicable state and federal guidance, as well as guidance from the IHSAA and IGHS AU. However, the possibility of transmission cannot be eliminated. Students and families must be aware of and acknowledge the risks before participating in athletics.

By initialing and signing this Informed Consent Agreement, you acknowledge, accept and agree to the following (Parent/Guardian and Participant Must Initial and Sign)

_____ Participation in athletics is purely voluntary.

_____ My child has permission to participate in athletic meetings, practices, and competitions as directed by the coaching staff.

_____ Neither myself nor my child will attend meetings, practices, and/or competitions if any of the following apply:

- a. Any member of our household is exhibiting symptoms of illness, such as cough, fever, or shortness of breath.
- b. Any member of our household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.
- c. Any member of our household has spent time with another individual who has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.

_____ I agree to immediately inform the Athletic Director if any member of our household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.

_____ I am aware that myself and my child may be exposed to COVID-19 while participating or attending meetings, practices, and/or competitions. I understand that this exposure carries a risk infection, serious injury, or death.

_____ My child is voluntarily participating in athletics and I agree to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.

_____ I forever release the St. Ansgar CSD from any liabilities, causes of action, lawsuits, claims, demands, or damages of any kind whatsoever that I, my assignees, heirs, guardians, next of kin, spouse, and legal representatives have, or may have in the future, related to participation in athletics.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE OF THE RISKS OF PARTICIPATING IN ATHLETICS DURING THE COVID-19 PANDEMIC. I AM AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

PLEASE LIST ANY PRE-EXISTING CONDITIONS THAT YOUR PARTICIPANT HAS.
(EX-ASTHMA, DIABETES)