**South Kitsap School District**

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I/we, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I/we will be participating as a group or participant in the following activities at the South Kitsap School District premises and facilities:

*(Description of activities participant or group will engage in)*

I/WE ARE AWARE OF THE CURRENT COVID-19 PANDEMIC AND RELATED GOVERNMENTAL ORDERS, DIRECTIVES AND GUIDELINES (COLLECTIVELY “DIRECTIVES”), INCLUDING DIRECTIVES FOR FREQUENT HAND WASHING, SOCIAL DISTANCING, AND USE OF FACE MASKS IN PUBLIC LOCATIONS. I/WE ARE AWARE THAT THESE ACTIVITIES ARE OCCURRING IN A PUBLIC LOCATION DURING THE COVID-19 PANDEMIC. I/WE ARE AWARE THAT I/WE COULD BE INFECTED, BECOME SERIOUSLY ILL OR EVEN DIE DUE TO COVID-10 WHILE PARTICIPATING IN PUBLIC ACTIVITIES ON THE SOUTH KITSAP SCHOOL DISTRICT PROPERTY. I/WE ARE VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLBED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY AND DEATH, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I/we verify this statement by placing my/our initial here: \_\_\_\_\_\_\_\_\_\_

Parent of Guardian’s initials:\_\_\_\_\_\_\_\_\_\_\_\_\_

As consideration for being permitted to participate in these activities and use of South Kitsap School District facilities, I/we forever release the Governing Body, the State, the Department, and any District affiliated organization, along with their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively “Releasees”) from any and all liabilities, causes of action, lawsuits, claims, demands or damages of any kind whatsoever that I/we, my/our assignees, heirs, distributes, guardians, next of kin, spouse, and legal representative now have, or may have in the future, for injury, death, or property damage, related to my/our participation in these activities, the negligence or condition of the premises where these activities occur, whether or not I/we are then participating in the activities. I/we also agree that I/we, my assignees, heirs distributes, guardians, next of kin, spouse, and legal representatives will not make a claim again, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

**I/WE HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I/WE ARE AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF/OUR GROUP AND THE SOUTH KITSAP SCHOOL DISTRICT, AND SIGN IT OF MY/OUR OWN FREE WILL.** *NOTE: If you are under 18 years of age, you and your parent or guardian must sign and initial this form where indicated.*

**RELEASEOR/PARENT/GUARDIAN/GROUP**  **PARTICIPANTS UNDER 18**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Printed first and last name*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Printed Name Printed first and last name*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Mailing Address Printed first and last name*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone Number Printed first and last name*