

**UPPER ARLINGTON SCHOOLS  
STUDENT WAIVER OF LIABILITY AND ACCEPTANCE OF TERMS AND CONDITIONS**

In connection with, and in consideration for, Student's participation and attendance associated with the activity/activities identified below ("activity" or "activities"), I hereby represent my understanding and agreement with the following:

1. Prior to participation in the activity, the Student will conduct a daily symptom assessment (self-evaluation) and will stay at home if experiencing symptoms of fever (100.4° F or higher) 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, and diarrhea. The Student will stay at home if he/she is required to isolate or quarantine under any current order or guidance issued by the Centers for Disease Control and/or any public health authority.
2. I am aware that participation in the activity can potentially be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the activity and related travel (if any), including, but not limited to: accidents, injuries, illnesses, and death, including but not limited to contagious diseases such as COVID-19 and any related or derivative diseases or conditions.
3. I represent and warrant Student has no physical, health related or other problems which would preclude or restrict his/her participation in the activity or otherwise render participation dangerous or harmful to him/herself or others. I further represent and warrant that I have adequate medical, health, and/or other insurance coverage for Student's participation.
4. I agree to reimburse or make good any loss, damage, expense, or cost that the school (its officers, employees and agents) may have to pay if any litigation arises on account of any claim made by Student, me, or anyone on my/our behalf.
5. I understand Student's participation in the activity is conditioned upon the Student complying with all federal, state, and local laws and orders, and all School District policies, rules, and regulations both current and as amended/updated, including but not limited to those related to health, safety, and/or the spread of contagious disease, including but not limited to COVID-19 and any related or derivative diseases or conditions. I understand Student's participation in the activity may be revoked at any time. If Student fails to comply or is required to be isolated, quarantined, or sent home from the activity for any reason, regardless of fault, I/we agree to remain available during the time of the activity to retrieve Student, will do so immediately if requested, and will also be responsible for reimbursement of all related costs including, but not limited to, supervision, hotel, and transportation (if applicable).
6. I understand and agree that the School as well as Board employees and volunteers have no duty to provide medical services should Student require emergency medical treatment or first aid as a result of illness or injury associated with the activity or related activities.
7. In exchange for Student's participation and attendance in the activity, the undersigned hereby assume all risks of participation in the activity and related travel (if any) and release, discharge, and/or waive any and all liability, claims, damages, causes of action and/or demands against the Upper Arlington City School District Board of Education ("Board") and its employees and volunteers of every kind and nature which may arise from or in connection with the activity including litigation expenses and attorney's fees. The undersigned further agree to indemnify and hold harmless the Board and its employees and volunteers from any claim arising out of or related to the Student's participation in the activity.

By signing below, the undersigned Parent/Guardian and Student acknowledge that they have read and understand the above terms and voluntarily accept them. In the event that a previous waiver was executed, the undersigned agree that this waiver shall control from the date of signature through the conclusion of the activity.

Student: _____	
Print Name	Grade
_____	_____
Activity(ies)/Sport(s)	Coach/Advisor
_____	_____
Parent/Guardian Signature	Date
_____	_____
Student Signature	Date
_____	_____