

**WILLIAMSVILLE CENTRAL SCHOOL DISTRICT**  
**STUDENT PARTICIPATION WAIVER**  
**ASSUMPTION OF RISK AND RELEASE OF ALL CLAIMS**  
**IN RELATION TO COMMUNICABLE DISEASES/COVID-19**  
**Please read carefully and entirely before signing**

Student Name \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Sport/Activity: \_\_\_\_\_

I understand that participation in any Williamsville Community Education program is entirely voluntary. I/we hereby verify that the Student is in good health and is otherwise fit to engage in activities.

I am aware that participating in a sports program can be a dangerous activity involving many risks of injury. I do understand that the dangers and risks of playing or practicing any sport include, but are not limited to, death, serious neck and spinal injuries, brain damage, serious injuries internally or to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in any sport may result not only in serious injury, but seriously impair my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

In consideration of the Williamsville Central School District (hereinafter "District") permitting me to engage in all activities related to the Williamsville Community Education programming, I hereby voluntarily assume all associated risks including but not limited to accident, injury or damage to person or property.

**COMMUNICABLE DISEASES/COVID-19 (CORONAVIRUS):** I understand that COVID-19 (Coronavirus) is considered to be extremely contagious and can result in a range of symptoms, which include, but are not limited to, fever, shortness of breath, fatigue, loss of taste or smell, and nausea or vomiting. These symptoms can be mild or severe, sometimes resulting in death. For additional information on the spread and effect of COVID-19 please visit: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. I acknowledge that COVID-19 is primarily spread by person-to-person. A person does not have to be showing signs of illness in order to spread this virus. I understand that the risk of person-to-person spread of the virus is increased by close physical contact and that activities associated with extracurricular activities and sports including Williamsville Community Education Programming, could increase the risk of transmitting COVID-19.

I affirm that I (the Student) have not been diagnosed with, demonstrated any symptoms of or have in any way been exposed to any communicable diseases (including but not limited to the virus commonly referred to as COVID-19) within the past thirty days. I also affirm that I (the Student) will adhere to all safety precautions communicated by the school District administration when engaging in Williamsville Community Education activities. By signing this Agreement, I acknowledge that I understand the risks related to COVID-19 and other communicable diseases and understand that the risk of contracting COVID-19 may be increased by participation in activities.

I voluntarily release and discharge the District, its Board of Education, its employees, agents, representatives, coaches and volunteers from, without limitation, any and all actions, causes of action, claims, demands, damages, costs, expenses, compensation, and/or suits at law or in equity, on account of or relating to any act or omission by the Board of Education, its employees, agents, representatives, coaches or volunteers. I also agree to defend, indemnify, save the District, its Board of Education, its employees, agents, representatives, coaches and volunteers from and against, without limitation, and hold harmless any and all liability, actions, causes of action, debts, claims, demands, or suits at law or in equity of any kind and nature whatsoever which may arise, directly or indirectly, by or in connection with participation in Williamsville Community Education programs. The terms hereof shall serve as a release for my, and that of the student, heirs, estate, executor, administrator, and assignees for all members of our family.

Each student is responsible to review the District's COVID-19 guidelines. The guidelines may be found at this link: [https://www.williamsvillek12.org/resources/covid-19\\_education.php](https://www.williamsvillek12.org/resources/covid-19_education.php). It is required that if a student or a person in the student's family exhibit COVID-19 symptoms they follow the Department of Health guidelines. If COVID-19 symptoms first present themselves when the student is participating in a Williamsville Community Education Program, the student's parent/guardian will pick-up the student in an expedient manner after being notified of their child's symptoms. The child exhibiting symptoms will be social distanced from other student while waiting for pick-up.

The student agrees to comply with all updated Department of Health and District COVID-19 safety and health procedures, policies, and guidelines.

In addition, I acknowledge all of the regulations and the potential of denial and/or dismissal from participation for violations of this Board policy and/or the expectations and standards of the coach(es) or any other District staff member of agent. Furthermore, I acknowledge that I have read and will support the policies (rules & regulations) that have been set forth for students participating in the District's extracurricular/athletics and Community Education Programs.

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Name of Parent/Legal Guardian\*  
\_\_\_\_\_  
Signature of Parent/Legal Guardian\*

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Name of Parent/Legal Guardian\*  
\_\_\_\_\_  
Signature of Parent/Legal Guardian\*

**\*Both parents must sign unless only one has legal custody.**

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE \_\_\_\_\_ OFFICE OF COMMUNITY EDUCATION  
PRIOR TO THE START OF THE ACTIVITY.**

**RETAIN A COPY FOR YOUR RECORDS.**