

Waiver, Release & Hold Harmless

COVID-19 and Voluntary Third-Party Extracurricular Activities

Summer 202_ and School Year 202_-2_

Extra-Curricular Activity: _____

Parent/Guardian's Name: _____

Participating Child(ren)'s Name: _____

I desire to participate or allow my child(ren) ("Activity Participant") to participate in one or more voluntary extracurricular activities being held on the campus(es) of the School Board of Miami-Dade County, Florida ("School Board"). I acknowledge that the novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact, including in Miami-Dade County. I further acknowledge that social distancing and other measures help to prevent the spread of COVID-19.

The School Board will have third-party organizations ("Organizations") conducting certain extracurricular activities, including summer camps, on its campus(es). I understand that if I or my child(ren) choose to participate in these Organizations' activities (hereinafter "Activity"), the Activity will be controlled, organized, contracted, staffed and insured independent of the School Board, and will be conducted with the safety protocols these Organizations deem appropriate under the circumstances at the time, which may be subject to change. I understand that the School Board will not be responsible for implementing, supervising, or informing the Activity Participant(s) of this Organization's safety protocols, and that it is solely my responsibility, as well as the Activity Participant's, to adhere to all state, federal, and local safety protocols, as well as those the Organization provides.

In an effort to ensure the safety and wellness of our school community, I understand the importance of Activity Participants, including my child(ren), being healthy and safe when they participate in the Activity and that if my child is exposed to COVID-19, it is important to assess whether my child has symptoms by:

- Performing daily temperature checks on my child(ren) to screen for fever before arrival to the Activity. Fever is defined as a temperature over 100.4 F or 38.0 C. If my child(ren) has a fever, I will not permit my child(ren) to participate in the activity until he/she has been without fever for 24 hours without the use of fever reducing medication.
- Visually inspecting my child(ren) for signs of illness which could include but not limited to: fever 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, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in the Activity until he/she have self-isolated for at minimal for 5 days and he/she has been without fever for 24 hours without the use of fever reducing medication since developing symptoms.
- Confirming that my child(ren), before and while participating in the Activity, has not tested

positive for COVID-19 in the past 5 days.

- Confirming that my child(ren), before and while participating in the Activity, has not developed the symptoms outlined above after coming in contact with someone who has either tested positive for COVID-19 in the past 5 days or is waiting for test results based on a diagnosed or suspected case of COVID-19. If my child(ren) has developed the symptoms outlined above after coming in contact with such a person, including from the same household, I will not permit my child(ren) to participate in the Activity until my child(ren) have self-isolated for at minimal 5 days and he/she has been without fever for 24 hours without the use of fever reducing medication since developing symptoms.
- Promptly picking up my child(ren), or arranging for pickup, if signs or symptoms of illness are present. I understand that my child(ren) will remain home and self-isolate for at minimal 5 days until he/she is symptom free and without a fever for 24 hours without the use of fever reducing medication.

By signing this document, I acknowledge the statements above. I also understand that I or my child(ren) may unavoidably be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), these Organizations, School Board staff, volunteers, or agents, other Activity participants, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of my and/or my child(ren) being able to participate in the Activity, I, on behalf of myself and my child(ren), as well as anyone entitled to act on my behalf, hereby knowingly and voluntarily forever waive, release, and hold the School Board and its employees and agents harmless from any and all claims, suits, liability, actions, judgments, attorneys' fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the Activity.

If this Waiver, Release and Hold Harmless or any portion thereof is determined to be invalid or unenforceable for any reason, the remaining provisions of this Waiver, Release, and Hold Harmless, as well as any other agreement(s) concerning my or my child(ren)'s participation in this Activity, shall be unaffected and remain in full force and effect.

Signature of Parent/Guardian

Signature of Activity Participant

Print name of Parent/Guardian

Print name of Activity Participant

Date of signature

Date of signature