

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/Covid-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing.

Waseca Public Schools (“**the School**”) works with the Minnesota Department of Public Safety to provide the **Waseca Public School ISD # 829 Summer Marching Band Program** (“**the Program**”). The School and the Program have put in place preventative measures to potentially reduce the spread of COVID-19; however, they **cannot guarantee** that you or your child will not become infected with COVID-19 if they participate in the Program. Further, **attending the Program could increase** your risk and your child’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child and I may be exposed to or infected by COVID-19 by attending the Program and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, School or Program employees and Program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child may experience or incur in connection with my child’s attendance in or participation in the Program (“Claims”). On my behalf, and on behalf of my child, I hereby release, covenant not to sue, discharge, and hold harmless the School and the Program, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the School and the Program, their employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the Program.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

Print Name of Parent/Guardian

Print Name of Parent/Guardian

Print Name of Program Participant (Child)