



Assumption of Risk, Waiver and Release Agreement Non-District Sponsored/Sanctioned Team or Activity/Event

I understand that I/my student/participant ("participant") is being allowed to attend and participate in a team or activity/event ("activity") on Clark County School District ("District") property that is not sponsored or sanctioned by the District or the Nevada Interscholastic Activities Association ("NIAA"). I understand that the activity is run by an outside individual or entity ("outside entity") and is not run by the District. I understand that attendance and participation in the activity is purely voluntary, and as a condition precedent I agree to the following:

I/my participant agree not to attend the activity if I/my participant is sick, showing any signs of COVID-19, or has recently been directly exposed to a COVID-19 positive person. I/my participant agree to strictly comply with the Southern Nevada Health District ("SNHD") COVID-19 related requirements, restrictions, and protocols as well as any separate or additional protocols established by the outside entity. If I/my participant tests positive for COVID-19, I/my participant will immediately report it to the outside entity and the District. I agree that the person with the positive test result will immediately self-isolate at home, follow all SNHD directives, and not return to the activity until cleared to do so under SNHD protocols. I/my participant further agree that either the outside entity or the District may release the contact information listed below to the SNHD so that they may conduct contact tracing.

ASSUMPTION OF RISK: I understand and accept that attendance and participation in the activity exposes me/my participant to many hazards that may entail unavoidable risk of death, personal injury (including but not limited to severe spinal or head injury, complete or partial paralysis, brain damage, concussion, serious injury to bones, joints, ligaments, muscles, tendons, internal organs, and other aspects of the body), COVID-19 related health issue or exposure, emotional injury, and loss of or damage to property. I also understand I/my participant should be in good physical health to participate in the activity. In spite of the aforementioned risks and acknowledgements, on behalf of myself and my participant, I hereby assume all risk of injury or loss of life to myself/my participant and loss of or damage to property arising out of attendance and participation in the activity. I understand the inherent risk involved in attending and participating in the activity, and accept full responsibility for any and all such damage or injury which may result.

WAIVER AND RELEASE: In consideration of being allowed to attend and participate in the activity, on behalf of myself and my participant, I specifically release and forever discharge the Clark County School District, its Board of School Trustees, employees, agents, and volunteers from any and all liability or claims for injury, illness, death, or loss of or damage to property which I/my participant may suffer while attending or participating in the activity. This discharge specifically includes, but is not limited to, liability or claims for injury, illness, COVID-19 related health issue or exposure, death, or damage caused by the negligence of the District, its Board of School Trustees, employees, agents, and volunteers. I hereby agree, on behalf of myself and my participant, to release the District, its Board of School Trustees, employees, agents, and volunteers and hold them harmless from all liability for any such property loss or damage, personal injury, loss of life, or COVID-19 related health issue or exposure, whether caused by the negligence of the District, its Board of School Trustees, employees, agents, and volunteers or whether based upon tort, breach of contract, breach of warranty, or any other legal theory. In signing this document, I fully recognize that if injury, illness, COVID-19 related health issue or exposure, death, or damage occurs to me/my participant while attending or participating in the activity, neither myself nor my participant will have any right to make a claim or file a lawsuit against the District, its Board of School Trustees, employees, agents, and volunteers for any claim or cause of action arising from any injury, illness, death, or damage arising in any way from the activity.

School of Attendance (if a student): _____ Grade Level (if a student): _____

Participant Printed Name: _____

Participant Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Cell Phone: _____ Home Phone: _____ Work Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____