



Parent and Student Return to Campus Waiver and Consent

Summer 2020

Parent and Student understand and agree that Student's return to Clarksville-Montgomery County School System (CMCSS) campus for participation in activity is voluntary, and that Parent and Student knowingly assume all risks of participation. In consideration of the advantages to the Student of participating in CMCSS sponsored sport or extracurricular activity, the undersigned hereby release and hold harmless CMCSS, its employees, agents, and representatives, from all liability and damages for any COVID-19 related illness or injuries.

Until further notice upon entering CMCSS locations, Student and Parent agree to the following with respect to Student:

- I understand and agree that CMCSS representatives will undertake daily screening of Student prior to Student being permitted to participate.
- I understand and agree not to enter the premises if I answer "yes" to the existence of any of the below symptoms or circumstances, and I will contact my child's coach immediately.
- I understand and agree to advise my coach(es) and to leave the premises immediately if any of the below symptoms appear.
- I understand and agree that I must obtain a written release to participate from my healthcare provider if I or any one in our household experience any of the symptoms listed below.

Have you or anyone in your household had any of the below symptoms as a new onset in the past 72 hours? (This does not include chronic conditions)

- fever of 100 degrees or greater
 - new onset of a cough
 - new onset of shortness of breath
 - new onset of sore throat
 - new onset of body aches
 - diarrhea
 - new onset of headache
 - new onset of loss of taste or smell
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- I understand and agree to wash my hands or use hand sanitizer upon arriving to campus, and periodically throughout the training session.
 - I understand and agree to maintain spacing and social distancing between myself and others to include a distance of 6 feet or further.
 - I understand that Student will not use the locker room inside the building.



- I understand that if I or any one in my household tests positive for COVID-19, I will be required to provide documentation from the Health Department or my physician indicating I am able to return to participate.
- I understand if I test positive, I am expected to notify my coach who will maintain confidentiality except to the extent necessary to notify administration or others who may need this information for their own health and well-being. CMCSS reserves the right to verify positive COVID-19 test results.
- I understand to the best of my knowledge, if I come in contact with anyone or have been exposed to anyone who is positive for COVID-19 in the past 14 days I will complete a COVID-19 screening test and receive a negative test before returning to participate.
- I understand and agree to wear a mask when I am not actively participating in an athletic activity (i.e. when stretching, before activities begin, when in dugouts, etc.)

Please initial if applicable: _____ Alternatively, I wish for my Student to wear a mask **while participating at all times**. However, I understand in the event of an emergency, removal of student’s mask may be deemed necessary by a CMCSS representative.

I affirm that I have read this document in its entirety, and by my signature below, I agree to every term and condition and understand Student is to continually monitor his/her health upon return to a CMCSS campus each day. A Parent’s signature is in his/her individual capacity and on behalf of the minor Student.

Student Name (please print): _____

Student Signature: _____ Date: _____

Parent Name (please print): _____

Parent Signature: _____ Date: _____