



Kenowa Hills Public Schools
Education inspired.

Performing Arts Center

Notice and Waiver to Voluntary Activity Participants - Minor

Waiver

I agree that _____ (child's name) has my permission to participate in the Rainbow Dance Competition which will take place at Kenowa Hills High School during the dates of April 30-May 2, 2021. Both the student and parent/guardian have read and agree to follow Kenowa Hills Public Schools participation rules.

I agree that participation in the above noted activity is voluntary and I have knowledge of and assume all risks for the activity to include injuries as well as exposure to communicable diseases, including COVID-19. I certify that I understand current COVID-19 risks and symptoms and current CDC guidelines.

I understand that this document discharges Kenowa Hills Public Schools, its employees, and agents from any liability or claim. Kenowa Hills Public Schools, its employees, and agents will not assume responsibility for any injury or illness incurred while participating or attending the program or any physically related activity. Certain risks are inherent during participation in these events. Nor will Kenowa Hills Public Schools, its employees, and agents be liable for lost or stolen items while participants are using the facilities or are on the premises. I waive all claims and release Kenowa Hills Public Schools, its employees, and agents from any and all injury, illness, or damage that my child or I may suffer as a result of participation or attendance in the activity. I agree to indemnify and hold Kenowa Hills Public Schools, its employees, and agents harmless from any claims presented on my own behalf, or claims presented by my child or my child's representative.

Health Screening

I certify that my child (named above) has NOT had any symptoms of COVID-19/coronavirus, including:

- Temperature of 100.4 or higher
- Sore throat
- New cough or worsening cough
- Diarrhea, vomiting, or belly pain
- New severe headache
- New loss of taste or smell
- Extreme tiredness
- Congestion or runny nose
- Shortness of breath

I certify that my child has NOT had close contact (within 6 feet of someone for 15 minutes or more) with a person who has been confirmed to have COVID-19 in the last 10 days.

I certify that my child or a household member is NOT awaiting results from a COVID-19 test.

I agree that I have read and understood the above waiver and have filled out the health screening honestly and to the best of my knowledge at the time of entry into the building.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____ Phone #: _____

Staff Use Only:

Temp	Group #	Entry Time
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