Deer Valley Unified School District Waiver, Release, and Assumption of Risk Form

On behalf of myself, my household members, and as parent a . I hereby give permissi	and lawful guardian of my minor child, on for my child to participate in summer
athletic activities located at one of the five Deer Valley Unific Goldwater, Boulder Creek, Deer Valley, Mountain Ridge, Sa familiar with, and knowingly and voluntarily accept, any and activities on a school campus. I acknowledge that my child's voluntary and is not part of any regular school curriculum.	ed School District high schools(Barry ndra Day O'Connor) My child and I are all risks associated with summer athletic
I specifically assume all risks and hazards associated with my child's participation in summer athletic activities including, but not limited to, the risks associated with the novel COVID-19 or similar type virus. I understand that my child will be associating with staff, volunteers, and other children and may contract COVID-19, and other viruses and diseases, through my child's participation in summer athletic activities. To minimize risk of exposure to COVID-19, DVUSD staff will follow the best practices recommended by federal, state and county health officials. I understand, however, that these precautions are not nearly adequate to prevent the spread of COVID-19 given, among other things, the relatively long incubation period, and the fact that many infected persons are asymptomatic. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household.	
While reasonable supervision will be provided, summer active child's safety. Accidents and injuries happen, and it is imposs suffer an injury or illness.	*
I certify that my child is in good health, has no fever, and has child to participate in summer athletic activities, which may r will notify the school and not send my child to summer athletillness or tests positive for COVID-19.	not have a medical professional on staff. I
To the fullest extent permitted by law, I hereby agree to waive causes of action, damages, and rights of any kind, including sathletic activities, the school where my child attends, the Dee the district's governing board, and all of their respective emp volunteers (the "Released Parties") arising from or relating in summer athletic activities. Including but not limited to exposs assuming that risk.	serious injury or death, against summer r Valley Unified School District, its insurers, loyees, agents, representatives, and any way to my child's participation in
Parent/Guardian Name (Printed)	
Parent/Guardian Signature	Date