

May 2020

QCPAC/QCUSD Program Participation
Assumption of Risk, Waiver, and Release of Liability
(must be signed by parent in order for child to participate in QCPAC/QCUSD camp)

On behalf of myself, my household members, and my minor child, _____, I give permission for my child to participate in the Queen Creek Performing Arts Center/ Queen Creek Unified School District camp at the QCPAC Summer Camps. I am familiar with, and knowingly and voluntarily accept, any and all risks associated with the Program on a school campus.

I acknowledge that my child's participation in this Program is wholly voluntary and is not part of any regular school curriculum. I understand that my child will be associating with staff and other children and may acquire or be exposed to COVID-19, and other viruses and diseases, through participation in the Program. Potential symptoms of the COVID-19 virus may include but are not limited to the following: fever, cough, shortness of breath, difficulty breathing, and/or other flu-like symptoms. COVID-19 may be deadly, particularly in certain patient populations including the immune compromised and the elderly. COVID-19 may also lead to a rare, but serious inflammatory condition called multisystem inflammatory syndrome in children ("MIS-C") or pediatric multisystem inflammatory syndrome ("PIMS"). To minimize risk of exposure to COVID-19, Program staff will follow the best practices recommended by the CDC. 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 of the virus, and the fact that many infected persons are asymptomatic, and that it is not possible to maintain social distancing guidelines between children or between children and staff participating in the Program. Participation in the Program could therefore still be hazardous to my child and others, both known and unknown to myself, with whom my child may have contact in or outside of the Program and for up to fourteen (14) days after exposure to an individual with COVID-19. I UNDERSTAND AND SPECIFICALLY ASSUME ALL RISKS AND HAZARDS ASSOCIATED WITH MY CHILD'S PARTICIPATION IN THE PROGRAM INCLUDING THAT MY CHILD MAY ACQUIRE COVID-19, MIS-C, OR PIMS, AND/OR THAT COVID-19 MAY SUBSEQUENTLY BE TRANSMITTED FROM MY CHILD TO ME, MY FAMILY, MEMBERS OF MY HOUSEHOLD AND/OR OTHER MEMBERS OF THE COMMUNITY, WHETHER KNOWN OR UNKNOWN TO ME.

While reasonable supervision will be provided, Program staff cannot guarantee my child's safety. Accidents and injuries happen, and it is impossible to eliminate the risk that my child will suffer an injury or illness. I certify that my child currently has no fever or current issues that make it unsafe for my child to participate in the Program, which may not have a medical professional on staff. I will notify the Program and not send my child if my child develops a fever or illness or tests positive for COVID-19. In the event of a medical emergency, 911 will be called and I will be responsible for any and all costs of medical treatment.

To the fullest extent permitted by law, I AGREE TO WAIVE, RELEASE, AND DISCHARGE any and all claims, causes of action, damages, and rights of any kind against the school, the school district, its insurers, the district's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, unwanted contact, harassment, disability, dismemberment, or death that may occur to my child, me, or my household members due to my child's participation in the Program.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees and costs, if a suit is filed concerning an injury, illness, or death to me, my child, my household members, or any member(s) of my family, resulting from my child's participation in the Program.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____