

COVID-19 WAIVER AND RELEASE

The Alaska School Activities Association (“ASAA”) is an IRS 501(c)(3) non-profit corporation that sanctions Alaska high school activities in the State including sports, music, art, drama, debate, language, and student government. In this role, ASAA is working with member school districts to provide activities to the extent possible during the current COVID-19 pandemic. Providing activities during this time cannot be done without inherent risk to all participants. ASAA and many member school districts are planning to allow activities (referred to in this document as an “EVENT”) to take place. This effort to provide student activities comes with inherent risks.

In consideration of being permitted to practice, compete, officiate, observe, work, or participate in an EVENT, I, for myself and my children, agree to the following:

1. I agree that I will immediately notify a school administrator if I, my children, or anyone in my immediate household is diagnosed with the novel corona virus known as COVID-19. I understand that this notification requirement is critical to limit the spread of the virus.
2. I acknowledge ASAA recommends all persons eligible for the COVID-19 vaccination get vaccinated.
3. I acknowledge I have received the ASAA Parent’s COVID-19 Risk Information Sheet.
<https://asaa.org/wp-content/uploads/COVID-Parent-Fact-Sheet.pdf>
4. I acknowledge that I am aware that by entering any EVENT premises and participating in the EVENT that there are inherent risks to me and my children of being exposed to COVID-19, and/or any mutation or variation thereof. I am also aware that such an exposure can occur directly or indirectly.
5. I understand that certain individuals may be more susceptible to becoming seriously ill if they contract COVID-19, including people over the age of 65, people with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune systems are compromised. I understand that if I or my children, including the actual participant(s) in the EVENT, or a household member fall within one or more of these categories, there could be a greater risk that I should discuss with my health care provider.
6. I understand that while ASAA strives to provide safe EVENT premises by providing member school district’s with recommendations and protocols intended to reduce the risk of COVID-19, ASAA and member school districts cannot eliminate all risks. ASAA’s and member school district’s staff may make unintentional mistakes when trying to eliminate or mitigate the risks of contracting COVID-19. By signing this Waiver, I ASSUME ALL RISKS on behalf of myself and my child/children regarding the possibility of contracting the novel corona virus known as COVID-19 or any mutation or variation thereof.
7. I hereby voluntarily agree to RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE ASAA and/or its officers, directors, and employees; the ALASKA STATE BOARD OF EDUCATION; and member school districts; and any individuals, companies, or associations having anything to do with the EVENT, including but not limited to promoters, participants, officials, and owners of the premises where the EVENT takes place (collectively referred to as “RELEASEES”). By signing this document, RELEASEES WILL BE RELEASED FROM ANY AND ALL LIABILITY for any and all loss or damage whether caused by the negligence of the Releasees or otherwise related to possible exposure to or contracting of the novel corona virus known as COVID-19 or any mutation or variation thereof; and
8. I hereby agree to INDEMNIFY AND HOLD HARMLESS the Releasees from any loss, liability, damage, or cost (including reasonable attorney’s fees) they may incur arising out of or related to my illness or death, or the illness or death of my children, including the actual participant(s) in the EVENT whether caused by the negligence of the Releasees or otherwise.

BY SIGNING BELOW, YOU AGREE THAT YOU HAVE READ AND UNDERSTOOD THIS WAIVER AND RELEASE, AND AGREE TO BE BOUND BY ITS TERMS.

Printed Name of Parent/Guardian or Student if Over the Age of 18:

Name: _____

Signature: _____

Date: _____