

**Dillard High School**  
**Casandra D. Robinson, Principal**  
**2501 NW 11<sup>th</sup> Street**  
**Fort Lauderdale, FL 33311**

754-322-0800 – Telephone

754-322-0930 - Fax

**Assumption of Risk, Waiver, Release & Hold Harmless**  
**COVID-19 and Voluntary Extracurricular Activities**  
**Summer 2021 and School Year 2021-22**

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by the School Board of Broward County, Florida and the Broward County Public Schools (collectively, "BCPS "). The novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19.

BCPS will conduct certain extracurricular activities beginning in the Summer of 2020 and continuing into the 2020-21 school year, herein after the "Activity". For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity if they do not comply. Extracurricular activities are a privilege, and not a right, of public-school students.

In an effort to ensure the safety and wellness of our school community, I understand the importance of students being healthy and safe when they participate in the Activity. By signing below, I agree that I will:

- Perform daily temperature checks in my child(ren) to screen for fever before arrival for the Activity, Fever is defined as a temperature over 100.4 F or 38.0 C. If my child(ren) has a fever, I will not permit my child(ren) to participate in the Activity until he/she has been without a fever for at least 5 days.
- Make a visual inspection of my child(ren) for signs of illness which could include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in the Activity until he/she has been without signs or symptoms for at least 5 days.
- Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child(ren) has been in contact with such a person, I will not permit my child(ren) to participate in the Activity until 14 days have elapsed since the time of contact.
- Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are present. I understand that my child(ren) are to remain home until illness-free for at least 5 days without the use of medicine.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), BCPS staff, volunteers or agents, other Activity participants, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of my and my child(ren) being able to participate in the Activity, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold the School Board of Broward County, Florida, and its employees and agents harmless from any and all claims, suits, liability, actions, judgements, attorney's fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the Activity.

**By signing this document, you are giving up any right to make a claim or file a lawsuit regarding your child(ren)'s participation in the Activity including any claim based on the negligent acts or omissions of School District employees and agents.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Date of Signature