



The King's School

Preparing Tomorrow's Leaders Today!

Dear Parent, Guardian, and Student Athlete,

Students and families must be aware of and acknowledge the risks before participating in athletics. By initialing and signing this Informed Consent Agreement, you acknowledge, accept, and agree to the following: **(Parent/Guardian and Student Athlete must initial and sign.)**

ATHLETE	PARENT
	Participation in athletics is voluntary.
	Student Athlete has permission to participate in athletic meetings, practices, and competitions as directed by the coaching staff.
	Neither Parent/Guardian nor Student Athlete will attend meetings, practice, and/or competitions if any of the following apply: a. Any member of our household is exhibiting symptoms of illness, such as cough, fever, or shortness of breath. Parent/Guardian will check Student Athlete's temperature at home prior to attending meetings, practices; and/or competitions and Student Athlete will not attend if his/her temperature is 100.3 or above. b. Any member of our household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19. c. Any member of our household has spent time with another individual who has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.
	I agree to immediately inform Sarah Maynard, TKS Athletic Director, at athleticdirector@kingsschool.org if any member of our household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.
	If Student Athlete tests positive for COVID-19 Parent/Guardian agrees to immediately inform the TKS Athletic Director and acknowledges that King's will contact the State Department of Public Health and/or other appropriate administrative bodies to provide information regarding the confirmed positive test, including Student Athlete's name and contact information.
	I am aware that Parent/Guardian and Student Athlete may be exposed to COVID-19 while participating or attending meetings, practices, and/or competitions. I understand that this exposure carries a risk of infection, serious injury, or death.
	I acknowledge that The King's School may determine to cancel the season at any time and/or the Governor, State Department of Health, or other administrative body with authority over The King's School may cancel the season at any time. I also acknowledge The King's School must comply with any mandates issued by an entity with the authority over The King's School and/or high school athletics and agree to comply with any such directives even if issued after signature to the Agreement.
	Student Athlete and Parent/Guardian are aware that practices, games, spectating, and/or transportation will look different than prior years, including the need for social distancing when feasible. I agree to comply with the direction provided by the coaching staff and acknowledge that the failure to do so may result in Student Athlete being refused participation at practice, competitions, and/or the entire sport season.
	Student Athlete and Parent/Guardian are aware that a confidential "tip line" has been established to report concerns about the health safety of athletics at King's, and that all reported concerns will be fully researched by King's. To report a concern, go use the link below. https://docs.google.com/forms/d/1bY2efljjPQzdR2HRXiO4zkPDOvRxE7Ds-mTE3qMK7U/edit?ts=601d7095&gxids=7628
	Student Athlete is voluntarily participating in athletics and the Parent/Guardian agrees to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.
	I forever release The King's School, its employees, agents, Board Members, and/or other related entities from any liabilities, causes of action, lawsuits, claims, demands, or damages of any kind whatsoever that I, my assignees, heirs, guardians, next of kin, spouse, and/or legal representatives have, or may have in the future, related to or stemming from Student Athlete's participation in athletics.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE OF THE RISKS OF PARTICIPATING IN ATHLETICS DURING THE COVID-19 PANDEMIC. I AM AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY AND WAIVER OF ALL CLAIMS. I AM SIGNING THIS AGREEMENT VOLUNTARILY, FULLY AWARE OF THE RISKS AND MY RELEASE AND WAIVER OF ANY CLAIM AGAINST THE DISTRICT, ITS EMPLOYEES, AGENTS, BOARD MEMBERS, OR OTHER RELATED ENTITIES.

Signature of Student Athlete	Date
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Signature of Parent or Guardian	Date
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