



Knob Noster R-VIII School District

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Dr. Jerrod Wheeler, Superintendent of Schools

Mr. Michael Cohron, Assistant Superintendent of Schools

Dr. Angela Rolofson, Director, Student Services

Our Mission Is Student Success

COVID-19 PERMISSION FORM & WAIVER – STUDENT ACTIVITIES

Student Activity: _____

Coach/Sponsor: _____

Student Name: _____

I acknowledge that novel coronavirus (“COVID-19”) infections have been confirmed throughout the United States, including Missouri. I further acknowledge, agree, and represent that I have carefully considered the safety of allowing Student, for the purposes of participating in the above-referenced voluntary student activity, to enter onto District property; utilize District facilities, equipment, transportation and services; and/or interact with District staff and volunteers and students, for the purpose of participating in the above-referenced voluntary Student Activity.

I fully appreciate and understand both the known and potential dangers of allowing Student to participate in the above referenced Student Activity, and acknowledge that such participation may, despite the District’s reasonable efforts to mitigate such dangers, result in exposure to COVID-19. If I have any questions regarding the known and potential dangers, I will contact the coach/sponsor identified above.

I agree, represent, and warrant that I will immediately notify the coach and/or activity sponsor if Student (i) experiences symptoms of COVID-19, including, without limitation, fever, cough, or shortness of breath, (ii) has a suspected or confirmed case of COVID-19, or (iii) has had exposure to any person that has a suspected or confirmed case of COVID19. Student will not begin and/or resume participation in the Student Activity until Student’s return has been directly approved by the Student Activity coach and/or sponsor, and in the event of exposure or positive test, upon approval by a medical professional. I will also immediately notify the coach/sponsor above in the event Student obtains a positive COVID-19 test.

I hereby waive, release, and discharge the District, its insurers, employees, and all other entities affiliated with or related to the District, without limitation, exception, or reservation, from any and all liability, actions, claims, demands or lawsuits in connection with or arising in any manner out of Student’s participation in the above-referenced Student Activity during the COVID-19 pandemic and any subsequently-related exposure to COVID-19.

Student Signature

Student Printed Name

Parent/Guardian’s Signature

Parent/Guardian Printed Name

Date