

**KEWASKUM AREA SCHOOL DISTRICT  
SCHOOL-SPONSORED ACTIVITY LIABILITY RELEASE FORM**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Parent(s)/Guardian(s) Phone Numbers: \_\_\_\_\_

Activity: \_\_\_\_\_

**I understand that participation in the above Activity is not required. The Activity is voluntary and will expose the undersigned child/student (Student) to certain hazards and risks. Some of these hazards and risks are foreseeable, but some are unforeseeable. Examples of foreseeable hazards and risks include, but are not limited to, death, physical injury, emotional injury, illness, disability, property damage, economic loss, non-economic loss and deprivation of rights, privileges and immunities. Some of these hazards and risks cannot be eliminated due to the nature of the Activity. **These risks could cause harm to Student and/or Student's property.****

I further understand the novel coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization (the "WHO"). Further, I acknowledge that COVID-19 cases have been confirmed in Washington County, Wisconsin and surrounding counties. In accordance with guidance issued by the WHO, the United States Centers for Disease Control and Prevention (the "CDC") and the Wisconsin Department of Health Services (the "DHS"), for slowing the transmission of COVID-19, **I hereby agree, represent and warrant that Student shall not participate in the Activity within fourteen (14) days after: (a) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice; (b) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice; or (c) exposure to any person who has a suspected or confirmed case of COVID-19. I further agree, represent and warrant that I am aware of the CDC Travel Health Notices list (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>) and agree to check this list prior to signing this document. Finally, I agree, represent and warrant that Student shall not participate in the Activity if Student: (a) experiences symptoms of COVID-19 including, without limitation, fever, cough, shortness of breath, loss of taste or smell; or (b) has a suspected or diagnosed/confirmed case of COVID-19.**

The District has taken reasonable steps to implement recommended guidance and protocols issued by Public Health Agencies for slowing the transmission of COVID-19 including, without limitation, the restrictions set forth hereinabove. **I know, understand and appreciate the hazards and risks associated with COVID-19 that may be inherent in participation in the Activity, which may result in quarantine requirements, serious illness, disability and/or**

**death.** By signing this document I agree to be responsible for personal safety and hygiene while participating in the Activity and to abide by District rules and procedures related to same.

In consideration for providing Student the opportunity to participate in the Activity and fully recognizing the hazards and risks inherent in participating in the Activity, **I (for myself, my heirs, personal representatives or assigns) voluntarily agree to defend, hold harmless, indemnify and release the District, its officers, employees, agents and volunteers, from and against any and all CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION OF ANY SORT ON ACCOUNT OF DEATH, INJURY, ILLNESS, DISABILITY, QUARANTINE AND/OR PROPERTY DAMAGE WHICH MAY RESULT FROM PARTICIPATION IN THE ACTIVITY. THIS RELEASE INCLUDES ALL CLAIMS AGAINST THE DISTRICT, ITS OFFICERS, EMPLOYEES, AGENTS AND VOLUNTEERS, BUT EXPRESSLY DOES NOT INCLUDE CLAIMS BASED UPON THEIR RECKLESS AND INTENTIONAL MISCONDUCT OR GROSS NEGLIGENCE.**

**I understand that by signing this document, I am releasing claims and giving up substantial rights, including my right to sue.**

In the event that Student may require emergency medical treatment while participating in the Activity, the District and its employees are authorized to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of an accident or illness and I will provide for the payment of these costs.

This document is entered into and shall be governed by the laws of the State of Wisconsin without regard for conflict of law principles. Furthermore, any legal proceeding involving the negotiation, interpretation or enforcement of this document shall be venued in the District's sole discretion, in the circuit courts of Washington County, Wisconsin.

This document is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this document is held to be invalid or legally unenforceable for any reason, the remainder of this document shall not be affected thereby and shall remain valid and fully enforceable.

**THE UNDERSIGNED UNDERSTANDS THAT I AM BEING ASKED TO READ EACH OF THE ABOVE PROVISIONS CAREFULLY AND UNDERSTAND THEIR IMPACT AND EFFECT. THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT IF I WISH TO DISCUSS, NEGOTIATE OR BARGAIN OVER ANY OF THE TERMS CONTAINED IN THIS DOCUMENT, PRIOR TO SIGNING IT, I MAY CONTACT JIM SMASAL, DISTRICT ADMINISTRATOR (262-626-8427 / [JSMASAL@KEWASKUMSCHOOLS.ORG](mailto:JSMASAL@KEWASKUMSCHOOLS.ORG)).**

The undersigned has read and understands each of the provisions in this document and agrees to be bound thereby.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

**Medical Information:**

Known allergies (drug or natural): \_\_\_\_\_

Special medication(s) being taken: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

History of serious medical conditions: \_\_\_\_\_

\_\_\_\_\_

Any physical restriction(s): \_\_\_\_\_

Other condition(s): \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_