



**Camp/Clinic/Activity Participation Agreement**  
**RELEASE OF LIABILITY, WAIVER, and ASSUMPTION OF THE RISK**

On behalf of myself, my household members, and as parent and lawful guardian of my minor child, \_\_\_\_\_, I hereby give permission for my child to participate in the Peoria Unified School District camp/clinic/activity at \_\_\_\_\_. My child and I are familiar with, and knowingly and voluntarily accept any and all risks associated with the camp/clinic/activity on a school campus. I acknowledge that my child's participation in this program is wholly voluntary and is not part of any regular school curriculum.

I specifically assume all risks and hazards associated with my child's participation in the camp/clinic/activity including, but not limited to, the risks associated with the COVID-19 or similar type virus. I understand that my child will be associating with staff, volunteers, and other children and may contract COVID-19, and other viruses and diseases, through my child's participation in the camp/clinic/activity. Although the children and staff/volunteers may have their temperatures taken upon entering the facility, that precaution is not nearly adequate to prevent the spread of COVID-19 given, among other things, the relatively long incubation period, and the fact that many infected persons are asymptomatic. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household.

I certify that my child is in good health, has no fever, and has no current issues that make it unsafe for my child to participate in camp/clinic/activity, which may not have a medical professional on staff. I will notify the school and not send my child to the camp/clinic/activity if my child develops a fever or illness or tests positive for COVID-19.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind, including serious injury or death, against the Peoria Unified School District, its insurers, the district's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to my child's participation in camp/clinic/activity. Including but not limited to exposure to the COVID-19 virus as we are assuming that risk.

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_