

**SAN FRANCISCO UNIFIED SCHOOL DISTRICT
PARENT/GUARDIAN COVID INFORMATION SHEET – INTERSCHOLASTIC ATHLETICS**

My student, _____, wishes to engage in interscholastic athletics. My student attends _____ school within the San Francisco Unified School District (District).

I understand and acknowledge that interscholastic athletics poses the potential risk of exposure to COVID 19, which can result in serious illness to students.

I understand and acknowledge that COVID 19 can be transmitted by people at school and other sites where interscholastic practices and games take place who are infected and contagious, but have no symptoms. I further acknowledge that my student could become infected and contagious, and could become contagious without ever displaying symptoms of being infected with COVID 19.

I understand and acknowledge that some of the injuries and illnesses due to COVID 19 that could occur from having my student engage in interscholastic athletics include, but are not limited to: illness, lung damage, circulatory system problems, heart damage, Multisystem Inflammatory Syndrome in Children (MIS-C), and death.

I understand and acknowledge that having my student engage in interscholastic athletics could create a risk of my student infecting other household members.

I understand and acknowledge that in order for my student to engage in interscholastic athletics, I agree to assume liability and responsibility for any and all potential risks related to COVID 19 exposure which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any COVID 19 related injury/illness suffered by my student which is incidental to and/or associated with engaging in interscholastic athletics.

I acknowledge that I have carefully read this document, and that I understand and agree to its terms.

I give my consent for my son/daughter, _____, to engage in interscholastic athletics.

Parent/Guardian Signature

Date

PRINT NAME of Parent/Guardian

Telephone Number

Address

City

State

Zip Code