

Blackstone-Millville Regional School District
Athletic Department Return to Play Parent/Guardian Waiver Form

As parent/legal guardian of the undersigned prospective student-athlete, I hereby acknowledge that said student-athlete voluntarily seeks to return to participation in a sports program at Blackstone-Millville Regional School District (BMRSD) after completing school department, Board of Health and Center for Disease Control (CDC) isolation guidelines after a positive COVID test. In consideration of being allowed to resume participation on behalf of BMRSD athletic program the undersigned acknowledges, appreciates, and agrees KNOWINGLY AND FREELY TO ASSUME ALL SUCH RISKS, both known and unknown, or others, and assume full responsibility for the decision to participate.

I, for myself and on behalf of my heirs, assignees, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, including all legal fees and cost of defense, the Towns of Blackstone, Millville, and BMRSD, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, INJURY, DISABILITY, DEATH, or loss or damage of any kind whatsoever, that may result from the student-athlete's participation in sports. .

Please check which applies to you:

☐ I have attempted to reach out to my child's doctor to follow up after receiving a positive Covid 19 test. The doctor has verbally communicated that my child does not have to be seen and can resume all athletic activities.

☐ I have attempted to reach out to my child's doctor and have not been able to secure a follow up appointment. At this time I accept FULL RESPONSIBILITY for the decision to allow my child to return to athletic activities and will continue to monitor my child for any issues and immediately contact my doctor and advise the Athletic Department if a concern should arise.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I represent that I have full legal authority to execute this Permission and Release Form on behalf of myself, my family, and the Student, if a minor.

Name of participant: _____

Parent/Guardian name: _____

Parent/Guardian signature: _____

Date signed: _____