

Student Name _____

Grade _____ (2020/21 school year)

Phone Number _____

I/We also agree to release and hold harmless the Bishop Union School District, its officers, employees, volunteers, agents, and assigns, from liabilities, damages, potential exposures to COVID-19 or injuries to my child or myself, arising from summer workouts except those liabilities, damages or injuries which arise from the sole active negligence of the Bishop Union School District.

This authorization shall remain effective until December 31, 2020.

Signature of Mother, Father, or Legal Guardian _____ Date: _____

Print Name: _____