

Nevada Thespians Activities Consent, Waiver, and Release Agreement

This form requires the signature of the Student (regardless of age) and the Parent/Guardian.

I _____ (Parent/Guardian) and _____ (Student) understand and agree that Student will be utilizing Nevada Thespians or any school district ("Nevada Thespians or any school district) facilities and equipment and participating in one or more activity sponsored by Nevada Thespians during the 2021-22 school year (to the extent applicable to Student, the "Program").

/_____
Parent/Guardian
and Student Initials

We further understand and agree that Student's participation in the Activity is not required and is entirely voluntary.

/_____
Parent/Guardian
and Student Initials

We further understand and agree that the ongoing COVID-19/coronavirus pandemic requires Nevada Thespians students and staff to take precautions that would otherwise not be required during other school-related activities or programs. Accordingly, we agree that Student will strictly comply with all social distancing, hygiene, health, safety, and other COVID-19-related requirements or restrictions (collectively, the "Protocols") set forth in the attached Student Athletic and Activities COVID-19 Protocols, which is incorporated herein by this reference. The Protocols may be amended at any time by Nevada Thespians or any school district. If the Protocols are amended, Student will strictly comply with all such amendments, which are also incorporated herein by this reference.

/_____
Parent/Guardian
and Student Initials

We further understand and agree that Student's failure or refusal to comply with any of the Protocols at any point in time while the Protocols are in effect will result in Student's immediate removal from the Program until such time as Student is willing and able to comply with all of the Protocols. Repeated violations of the Protocols will result in a permanent ban on Student's participation in the Program.

/_____
Parent/Guardian
and Student Initials

COVID-19 testing will also be conducted by the school (or its representative), at CCSD's expense, on a weekly basis for identified sports/activities until further notice. We hereby give consent for Student to be tested for COVID-19. We also consent to the release of any COVID-19 test results to Parent/Guardian, even if Student is over the age of 18. We also acknowledge that limited Nevada Thespians' (and the school districts who require it) staff will be provided test results if a positive result is received and contact tracing is initiated.

/_____
Parent/Guardian
and Student Initials

WE FURTHER UNDERSTAND THAT EVEN IF STUDENT AND ALL OTHER PARTICIPANTS IN THE PROGRAM COMPLY WITH ALL OF THE PROTOCOLS AT ALL TIMES AND IN ALL RESPECTS, STUDENT MAY STILL BE EXPOSED TO OR CONTRACT COVID-19 IN CONNECTION WITH OR AS A RESULT OF HIS/HER PARTICIPATION IN THE PROGRAM, WHICH COULD RESULT IN SELF-ISOLATION, MILD TO SERIOUS ILLNESS, VENTILATOR USE, TEMPORARY OR PERMANENT DISABILITY, AND/OR DEATH TO STUDENT. IN ADDITION, SHOULD STUDENT BE EXPOSED TO OR CONTRACT COVID-19, MEMBERS OF STUDENT'S HOUSEHOLD AND/OR ANYONE WHO COMES INTO CONTACT WITH STUDENT AT ANY POINT IN TIME WHILE STUDENT IS CAPABLE OF TRANSMITTING COVID-19 MAY BE EXPOSED TO OR CONTRACT COVID-19, WHICH COULD RESULT IN SELF-ISOLATION, MILD TO SERIOUS ILLNESS, VENTILATOR USE, TEMPORARY OR PERMANENT DISABILITY, AND/OR DEATH TO SUCH INDIVIDUAL(S). IN SPITE OF THE FOREGOING, PARENT/GUARDIAN AND STUDENT ASSUME ALL RISK OF INJURY, ILLNESS, OR LOSS OF LIFE TO STUDENT ARISING OUT OF STUDENT'S PARTICIPATION IN THE PROGRAM.

/_____
Parent/Guardian
and Student Initials

We further understand that Student will not be covered under any Nevada Thespians or any school district's program or policy of insurance in relation to Student's participation in the Program, and that Parent/Guardian will be responsible for any medical bills or other costs resulting from any illness, injury disability, or death resulting from Student's participation in the Program, including, without limitation, any illness, injury, disability, or death related to or resulting from Student's exposure to or contraction of COVID-19.

/_____
Parent/Guardian
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We further understand and agree that if Student tests positive for COVID-19, he or she will not be permitted to participate in the Program for a **minimum period** of 10 days following a positive test, and the positive test result must be immediately shared with Student's coach/advisor or a school administrator for purposes of contact tracing. Positive test results will not be shared with anyone who does not have a specific need for such information.

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/_____
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We further understand and agree that if Student exhibits any symptoms of COVID-19 infection, and/or is directly exposed to another person who has tested positive for COVID-19, Student may not participate in the Program for a **minimum period** of 10 days following the later of (1) the most recent date of onset of COVID-19 symptoms, or (2) the most recent date of exposure, unless Student is evaluated and cleared to return to participation in the Program earlier by a licensed physician (medical doctor or doctor of osteopathic medicine). If Student receives a medical clearance from a licensed physician, Student shall provide a copy to his/her coach/advisor or a school administrator prior to being permitted to resume participation in the Program. COVID-19 test results should not be included with the form.

/_____
Parent/Guardian
and Student Initials

We further understand and agree that Student may lose conditioning during a self-isolation period and may require additional time to return to pre-isolation condition.

/_____
Parent/Guardian
and Student Initials

In consideration of being permitted to participate in the Program, Parent/Guardian and Student specifically release and forever discharge Nevada Thespians, any school district, its Board of School Trustees, employees, agents, administrators, teachers, counselors, advisors, and volunteers from all liability or claims for injury, illness, death, or loss of or damage to property which Student may suffer while participating in the Program. This discharge specifically includes, but is not limited to, liability or claims for injury, illness, death, or loss of or damage to property caused by Student's exposure to or contraction of COVID-19, caused by the negligence of Nevada Thespians, any school district, its Board of School Trustees, employees, agents, teachers, counselors, advisors, and volunteers, and/or caused by any other participant in the Program. Parent/Guardian and Student hereby agree to release Nevada Thespians or any school district, its Board of School Trustees, employees, agents, teachers, counselors, advisors, and volunteers and hold them harmless from all liability for any injury, illness, death, or loss of or damage to property, whether caused by Student's exposure to or contraction of COVID-19, the negligence of Nevada Thespians, any school district, its Board of School Trustees, employees, agents, teachers, counselors, advisors, and volunteers, or whether based upon tort, breach of contract, breach of warranty, or any other legal theory. In signing this document, Parent/Guardian and Student fully recognize that if injury, illness, death, or loss of or damage to property occurs to Student while participating in the Program, including, without limitation, injury, illness, death, or damage to property caused by or related to Student's exposure to or contraction of COVID-19, Parent/Guardian and Student will not have any right to make a claim or file a lawsuit against Nevada Thespians any school district, its Board of School Trustees, employees, agents, teachers, counselors, advisors, and volunteers for any claim or cause of action arising from any injury, illness, death, or loss of or damage to property arising in any way from Student's participation in the Program.

School: _____ Grade Level: _____ Sport/Activity: _____

Student Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

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Health Screening Questions

I certify that I will screen my child's health prior to their daily participation, and they will only participate if they answer no to all of all the following symptoms/conditions:

1. Do you have a **new or worsening** cough, shortness of breath, or difficulty breathing that cannot be attributed to another health condition?
2. Do you have a **new fever (100° F or higher) or chills?**
3. Do you have a **new loss of taste or smell?**
4. Do you have any two or more of the following symptoms for longer than 24 hours: **new or worsening cough, headache, muscle or body aches, abdominal pain/vomiting/diarrhea, new congestion/runny nose, excessive fatigue, excessive loss of appetite, or GI conditions such as abdominal pain/vomiting or diarrhea?**
5. Have you come into close contact (within 6 feet for more than 15 minutes over a 24-hour period) with someone who has a laboratory-confirmed COVID-19 diagnosis in the past 10 days?
6. Have **you** received a laboratory-confirmed positive COVID-19 diagnosis in the last 10 days?

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Activities COVID-19 Protocols

1. Students/Parent/Guardian(s) will perform a home-health screening prior to entering campus. Sign-in procedures for each sport/activity will be predetermined by the coach, advisor, and/or staff member.
2. If any student is feeling ill **in any way**, they must stay home. They must contact the head coach, advisor, or other designated staff member and let them know they are not feeling well and will stay home.
3. Any student who has positive for COVID-19 should begin to self-isolate immediately and may not participate in any Nevada Thespians activities (including, without limitation, meetings, practice, or competition) for a minimum of 10 days from the date of the positive test. The student must wait a full 10 days from the date of the COVID-19 positive test and have symptoms resolved for at least 24 hours prior to being permitted to resume participation. If the student receives a medical clearance from a licensed physician prior to the expiration of the 10-day period, the student must provide a copy to his/her theatre director before being permitted to resume participation. COVID-19 test results should not be included with the medical clearance form.
4. Hand washing must be conducted whenever possible. When hand washing is not possible, hand sanitizer will be available to all students. Students will wash their hands or use hand sanitizer before practicing.
5. Designated bathrooms will be open. Students are required to wash their hands after bathroom use, during conditioning/intramural/practice sessions, and at the conclusion of the session.
6. There will be **no** sharing of props, clothes, shoes, towels, water bottles, or any other personal items.
7. Students will be required to come to sessions with their own face coverings that comply with at least the minimum standards set forth in the most current directive(s) from the CDC .