

**Scottsdale Unified School District**  
**Summer Camp 2020**  
**Waiver, Release, and Assumption of Risk Form**

On behalf of myself, my household members, and my minor child, \_\_\_\_\_,  
I hereby give permission for my child to attend the \_\_\_\_\_ camp at  
\_\_\_\_\_ (school location). My child and I are familiar with, and knowingly and voluntarily  
accept, any and all risks associated with attending summer camp at 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 including,  
but not limited to, the risks associated with the novel COVID-19 virus. I understand that my child will be  
associating with staff and other children and may contract COVID-19, and other viruses and diseases,  
through my child's participation in the camp. Although the children and staff may have their temperatures  
taken upon entering the camp, 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.

While instruction and reasonable supervision will be provided, camp staff cannot ensure my child's  
safety. Accidents and injuries happen, and it is impossible to eliminate the risk that my child will suffer  
an injury or illness.

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 the camp, which may not have a medical professional on staff. I will notify the  
school and not send my child to the camp if my child develops a fever or illness or tests positive for  
COVID-19. I acknowledge that my child and I are responsible for ensuring that he or she takes any  
necessary medication, and for avoiding any allergies. In the event of a medical emergency, 911 will be  
called and I will be responsible for any and all costs of medical treatment.

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 against the school, the 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 any damage, injury, trauma, illness, loss,  
unwanted contact, harassment, disability, dismemberment, or death that may occur to my child, me, or my  
household members—whatever the cause—due to my child's participation in the camp. This includes,  
without limitation, any claim arising from the negligence of the Released Parties.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all  
claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury,  
illness, or death to me, my child, or my household members resulting from participation in the camp.

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

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