

**Assumption of Risk**  
**Extra-Curricular Activities Relating to Coronavirus/COVID-19**  
**Coach Form**

The Novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Covington City Public Schools (CCPS) has developed preventative measures intended to reduce the spread of COVID-19; however, CCPS cannot guarantee that you will not be exposed to or become infected with COVID-19. Furthermore, using our facilities and or attending conditioning sessions could increase your risk of being exposed to and contracting or carrying COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19, and the possibility that I or others with whom I have contact (coworkers, family members, neighbors, friends) may be exposed to the coronavirus and may suffer sickness, severe illness, death, or other personal injury or property damage. I understand these risks may be elevated in the case of athletics or other extracurricular activities where physical proximity is inherent in the activity. I understand and agree CCPS cannot completely mitigate the transfer of communicable diseases like COVID-19 especially when involved in sports or other extracurricular activities. I understand that the risk of becoming exposed to or infected by COVID-19 during activities at CCPS may result from the actions, omissions, or negligence of myself and others, including, but not limited to colleagues, student-athletes and others.

I expressly and voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury I may suffer or endure (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, experienced or incurred in connection with the foregoing risks assumed as a result of my attendance or participation in extracurricular activities sponsored by CCPS.

**Print Name of Coach** \_\_\_\_\_

**Signature of Coach** \_\_\_\_\_

**Date** \_\_\_\_\_

***\*I have successfully completed the training for temperature checks and how to properly cleanse facilities/equipment.***

**Initials** \_\_\_\_\_ **Date** \_\_\_\_\_