

**Mills River Seventh-day Adventist Church School  
Risk Acknowledgement and Release Form  
Sports & Recreation (COVID-19)**

**Participant Information** (To be completed by Participant or Parent)

**School Year: 2020/2021**

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_ Evening telephone (if different): \_\_\_\_\_

Special Instructions or Limitations: \_\_\_\_\_

**Participant Agreement** (To be completed by Parents)

I acknowledge that participation in school sports and recreation is *optional* this year where they may involve circumstances when "social distancing" and "face coverings" are impractical and personal contact is likely. I understand, that during the Covid-19 pandemic, the above may involve unusual risk of sickness, complications, and financial damages from viral infection to the individual listed above as the Participant (referred to as "Participant" throughout this document) and to Participant's Parents and other family members.

In consideration for the opportunity to participate in school sports and recreation that may increase infection risk, the Participant and Parent(s) acknowledges and accepts the risks of possible Covid-19 infection. The Participant and Parent(s) accept personal financial responsibility for any virus-related sickness or other loss sustained due to infection. Further, the Participant and Parent(s) release(s) and promises to indemnify, defend, and hold harmless the Mills River Seventh-day Adventist Church and the Mills River Seventh-day Adventist Church School and its agents, employees, volunteers, or any other representatives for any Covid-19 related sickness and/or losses related directly or indirectly to the school sports and recreation program, whether such sickness arises out of the negligence of the school or otherwise.

By signing below I acknowledge and warrant that the information that I have provided on this form is true and correct to the best of my knowledge. I further agree to immediately notify school leadership if there is any change in the information presented. I understand that this form is valid and legally binding until revoked in writing by the Participant and the Participant's parent(s) or guardian(s), or until the end of the school year.

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Participant*

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent/guardian of participant*

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent/guardian of participant*

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Witness*