

# COVINA VALLEY

- Athlete is voluntarily participating in athletics. Athlete or Parent/Guardian, if the Athlete is a minor, agrees to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.

Parent Initial: \_\_\_\_\_ Athlete Initial: \_\_\_\_\_

I/WE HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM/WE ARE AWARE OF THE RISKS OF PARTICIPATING IN ATHLETICS DURING THE COVID-19 PANDEMIC. I AM/WE ARE AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY AND WAIVER OF ALL CLAIMS. I AM/WE ARE SIGNING THIS AGREEMENT VOLUNTARILY, FULLY AWARE OF THE RISKS AND MY RELEASE AND WAIVER OF ANY CLAIM AGAINST THE **COVINA-VALLEY UNIFIED SCHOOL DISTRICT**, ITS EMPLOYEES, AGENTS, BOARD MEMBERS, OR OTHER RELATED ENTITIES.

Athlete Signature: \_\_\_\_\_

Athlete Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature if the Athlete is a minor: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

***“Educational Excellence For Every Student, Every Day”***

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