

## OCS Athletic Waiver and Release of Liability

In	consideration	of	being	allowed	to	participate	in	any	way	in
			and the	1000	athleti	c sports progr	ram fo	or Ons	low Cor	unty
Pub	lic Schools, relat	ted ev	ents and	activities,	the un	dersigned ack	nowle	edges,	apprecia	ites,
and	agrees that:									

- 1. The risks of injury and illness (ex: communicable diseases such as MRSA. influenza, and COVID-19) from the activities involved in this program are significant. including the potential for serious injury and death and while particular rules, equipment and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume fully responsibility for my participation; and,
- 3. I UNDERSTAND THAT I HAVE A DUTY TO EXERCISE REASONABLE CARE FOR MY OWN SAFETY AND I AGREE TO DO SO.
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Onslow County Public Schools and \_\_\_\_\_\_\_\_, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- 5. I further acknowledge that I am aware of the coronavirus, COVID-19, and the contagious nature of the virus which is spread mainly from person-to-person contact I am also aware that I may from time to time be in close proximity to others while engaged in the athletic activity to which I am participating. I understand that social distancing is recommended by governmental bodies and health agencies, including the North Carolina Department of Health and Human Services and I acknowledge that I will attempt to comply to the best of my ability with those recommendations.

I HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND AGREE TO BE BOUND BY IT, FROM THE DATE OF MY SIGNATURE, FOREVER INTO THE FUTURE.

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child understands and accepts these risks and responsibilities. I for myself, my spouse, and child do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Name:	
Parent/Guardian Signature:	gerg Medice we man growing designation of the control of the contr
Date Signed:	Phone:
Address:	
Participant/Child's Name:	
Participant Signature:	
Date Signed:	