

Description of Camp/Clinic (<i>must be completed prior to parent/guardian signature</i>)			Date(s) and Time(s)	
Student's Name		Gender	Current School	
Student ID #				
Birthdate	Grade in School		Email	
Parent/Guardian Name		Emergency Contact Name	Emergency Contact Phone#	
Parent Cell Phone	Parent Work/Home Phone		Physician Name	Physician Phone #
Health Insurance Provider		Policy Number	Group Number	
Allergies, Medical Conditions, Etc. that we should know about:				
<p>◆ MEDICAL WAIVER I, the parent/guardian of the above named student, grant permission to the supervising Staff or Coach to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers shown below, and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above-named student.</p>				
<p>◆ HOLD HARMLESS I, agree to release from liability, to defend, indemnify and hold harmless the Beaverton School District, its employees, school board members, volunteers and agents from all claims, unless the claim is based on the willful misconduct of the school district. I affirm that I have carefully read and understand this agreement and all of its terms.</p>				
Parent/Guardian Name (Print)		Parent/Guardian Signature		Date

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. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. **Beaverton School District cannot completely mitigate the transfer of communicable diseases like COVID-19 especially when involved in camps. Participation in camps includes possible exposure to and illness, injury, or death from infectious diseases including COVID-19.**

- In consideration for providing my child the opportunity to participate in a **camp/clinic**, both my child and I voluntarily agree to waive and discharge any and all claims against District and release it from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of the District or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.
- I also agree to release, exonerate, discharge and hold harmless the District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my child's participation in a **camp/clinic**.
- I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.
- **I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in the camps. The above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release District from all liability for any loss regardless of cause, and claims arising from the student's participation in the camps.**

 Student Signature

 Date

 Parent/Legal Guardian Signature

 Date