



JORDAN SCHOOL SUMMER PROGRAMS 2020
PARTICIPANT
DISCLOSURE / REGISTRATION

Complete this form. Parent/Guardian permission and signature required to participate.

Name of School: \_\_\_\_\_

Name of Sport/Activity: \_\_\_\_\_

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

Name of Parent or Legal Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

PARENT OR GUARDIAN STATEMENT OF PERMISSION, APPROVAL AND ACKNOWLEDGMENT:

I the parent or legal guardian of the above-named Participant do:

Consent to Participant's voluntary participation in the Jordan School Summer Programs for 2020.

Acknowledge that Summer program participation is subject to various conditions and consent to those conditions, including but not limited to the following:

- Symptom checking of Participant and documentation and reporting of results of such symptom checking;
Participant removal from participation if symptomatic;
Wearing of face coverings when not on the field/performance venue;
Social distancing measures when not competing/performing; and
Guidelines set forth by Utah Department of Health and Salt Lake County Health Department.

LIABILITY RELEASE & INDEMNIFICATION: I hereby recognize and acknowledge that Participant's participation in Jordan Summer Programs may involve bodily and/or emotional injury to me, my family and/or Participant. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that Participant and others, including myself, may be exposed to or infected by COVID-19 through participation. In consideration of Participant's voluntary participation in Jordan Summer Programs, I, for myself, my child, my family, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify, hold harmless, release, waive, discharge and defend Jordan School District and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except those caused solely by the willful misconduct of Jordan School District employees. In addition, I agree that I or my insurance company will pay for medical, hospitalization, or any other expenses resulting from participation in the Jordan Summer Programs.

EMERGENCY TREATMENT: In case of an emergency involving Participant, I hereby authorize Jordan School District staff to act on my behalf in accordance with their best judgment, and I agree to assume full responsibility for all expenses, medical or otherwise.

By signing this agreement, I the parent or legal guardian of the above-named Participant acknowledge that I have read its contents, understand its contents and agree to the terms. Parent or Legal Guardian signature is required before Participant is allowed to participate.

Parent or Legal Guardian Signature

Date

Participant Signature