



ARICOPA HIGH SCHOOL

45012 W. Honeycutt Ave.

Maricopa, AZ 85139

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**Maricopa High School  
Program Participation Assumption of Risk, Waiver, and Release of Liability**

**By my signature below, I acknowledge, understand and agree to all that follows below:**

1. **Permission**: On behalf of myself, my household members, and my minor child, \_\_\_\_\_, I give permission for my child to participate in the **2021 Prom** at Maricopa High School. I am familiar with, and knowingly and voluntarily accept, all risks associated with the Program on a school campus.
2. **Voluntary Participation**: My child's participation in this Program is wholly voluntary and \_\_\_\_\_ is not part of any regular school curriculum. Should I or my child not cooperate with Program safety protocols or become a danger to others, Maricopa High School may remove my child from the Program.
3. **Exposure to Others**: My child will be associating with staff and other children and may \_\_\_\_\_ acquire or be exposed to COVID-19, and other viruses and diseases, through participation \_\_\_\_\_ in the Program.
4. **Potential COVID-19 Symptoms**: Potential symptoms of the COVID-19 virus may include, but are not limited to, the following: fever, chills, cough, shortness of breath, difficulty breathing, muscle aches, sore throat, headache, diarrhea, fatigue and/or new loss of taste or smell.
5. **Dangers or Deaths Related to COVID-19**: COVID-19 may be deadly, particularly in certain patient populations including the immune compromised and the elderly. COVID-19 may also lead to a rare, but serious inflammatory condition called **multisystem inflammatory syndrome** in children ("MIS-C") or **pediatric multisystem inflammatory syndrome** ("PIMS").
6. **Precautions Not A Guarantee of Safety**: Program staff will follow CDC recommended practices to the extent feasible, to minimize risk of exposure to COVID-19, but these precautions are not nearly adequate to prevent the spread of COVID-19 given, among other things, the relatively long incubation period of the virus, and the fact that many infected persons are asymptomatic, and that it is not possible to maintain social distancing guidelines between children or between children and staff participating in the Program. Participation in the Program could therefore still be hazardous to my child and others, both **known and unknown** to myself, with whom my child may have contact in or outside of the Program and for up to fourteen (14) days after exposure to an individual with COVID-19.
7. **Supervision**. While reasonable supervision will be provided, Program staff cannot guarantee my child's safety. Accidents and injuries happen, and it is impossible to eliminate the risk that my child will suffer an injury or illness.
8. **Child's Health**. I certify that my child currently has no fever or current symptoms or health issues that make it unsafe for my child to participate in the Program, which may not have a medical professional on staff. In the event of a medical emergency, Program staff will call 911 and I will be responsible for all costs of medical treatment.



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9. **Commitment to Report Illness:** I will notify the Program and not send my child to the Program if my child develops a fever or illness or tests positive for COVID-19 or any other circumstance makes it unsafe for my child or others for my child to participate in the Program.

**ASSUMPTION OF RISK:** I understand and specifically assume all risks and hazards associated with my child's participation in the Program, including that my child may acquire COVID-19, MIS-C, or PIMS, and/or that COVID-19 may subsequently be transmitted from my child to me, my family, members of my household and/or other members of the community, whether known or unknown to me.

**WAIVER, RELEASE AND DISCHARGE OF CLAIMS:** To the fullest extent permitted by law, I agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the school, the school district, its insurers, the District's Governing Board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, disability, dismemberment, or death that may occur to my child, me, or my household members due to my child's participation in the Program.

**AGREEMENT NOT TO SUE / INDEMINIFICATION:** I agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees and costs, if a suit is filed concerning an injury, illness, or death to me, my child, my household members, or any member(s) of my family, resulting from my child's participation in the Program.

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If the Program participant is a student who is 18 years of age or older, the student must sign this form in addition to having a parent/guardian sign this form. By the student's signature below, the student is affirming his/her understanding and agreement to all provisions set forth above.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Signature (18 years or older)

\_\_\_\_\_  
Date