

# Collegedale Academy Athletics Waiver: Covid-19

By signing below I confirm that I have read “Collegedale Academy Athletics Covid-19 Procedures and Protocols” entirely and clearly understand the risks associated with participation in all athletic activities. Furthermore, I understand and recognize that Collegedale Academy faculty, staff, and advisory consultants cannot guarantee there will be no or completely prevent the risk of exposure and infection with Covid-19. I accept these inherent risks and agree to hold Collegedale Academy, faculty, staff, and its consultants harmless should an infection of Covid-19 occur related to these activities.

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Responsible Parent/Guardian: \_\_\_\_\_

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