

CAVE CREEK UNIFIED SCHOOL DISTRICT #93
Facility Use/COVID 19
Waiver, Release, and Assumption of Risk Form

Organization: _____

Organization will provide a list of persons attending the activities and have each person sign and date by their name. This list shall include participants, parents, guardians and coaches.

To the fullest extent permitted by law, _____ hereby agrees to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against Cave Creek Unified School District #93, 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, unwanted contact, harassment, disability, dismemberment, or death that may occur. This includes, without limitation, any claim arising from the negligence of the Released Parties.

I agree not to make a claim against or sue the Released Parties arising out participation in this activity.

I further agree to abide by all guidelines stated in the attached Cave Creek Unified School District Athletics Return to Activity Plan, all phases, and the CDC Cleaning Guidelines - <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html> Organization can do their own cleaning as stated in the Activity Plan and as shown in the CDC Cleaning Guidelines OR contact Ramiro.Vasquez@abm.com ABM Custodial, for a quote for professional cleaning.

I have read this agreement and understand that it relates to surrendering and releasing valuable legal rights. I do so freely and voluntarily.

Organization Name: _____

Signature/Title

Coach's Name: _____ *Signature*

Coach's Name: _____ *Signature*

Coach's Name: _____ *Signature*

Coach's Name: _____ *Signature*

Coach's Name: _____ *Signature*

Coach's Name: _____ *Signature*

Attach: Cave Creek Unified School District Athletics Return to Activity Plan

