

**Waiver and Release of Liability Relating to Communicable Diseases for  
Voluntary Participation in Poway Unified School District Aquatics Program  
Summer 2020**

**NOTICE OF RISKS RE: COMMUNICABLE DISEASES**

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 from person to person through close contact, respiratory droplets, and/or touching one's mouth, nose or eyes.** As a result, federal, state, and local governments and federal and state health agencies recommend guidelines to mitigate the spread of COVID-19, which include social distancing, washing hands, and prohibition of the congregation of groups of people. The California Department of Public Health ("CDPH") has designated COVID-19 as a "Communicable Disease."

**The Poway Unified School District ("the District" or "PUSD")** has put in place preventative measures to reduce the spread of COVID-19 during its Aquatics Program for the Summer 2020; however, PUSD **cannot guarantee** that you or your child(ren) will not become infected with COVID-19 during your child(ren)'s participation in the PUSD Aquatics Program. Further, your child(ren)'s voluntary **attendance and participation at the PUSD Aquatics Program could increase** your risk and your child(ren)'s risk of contracting COVID-19.

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**WAIVER AND RELEASE OF LIABILITY RE: COMMUNICABLE DISEASES**

I understand and acknowledge that my child(ren)'s participation is NOT required by the District, and I voluntarily requested that my child(ren) participate in the Aquatics Program offered by the District.

I understand and acknowledge the contagious nature of Communicable Diseases, including without limitation COVID-19, any related strain of COVID-19, and any and all other Communicable Diseases as designated by the CDPH ("Communicable Diseases"), and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by Communicable Diseases by attending, participating and/or swimming in the PUSD Aquatics Program, and that such exposure or infection may result in personal injury, illness, disability, or death. I understand and acknowledge that the risk of becoming exposed to or infected by Communicable Diseases at the PUSD Aquatics Program may result from the actions, omissions, or negligence of my child(ren), myself and others, including, but not limited to, PUSD employees, PUSD Aquatics Program employees, volunteers, and program participants and their families.

I understand, acknowledge and agree to assume any and all potential risks relating to Communicable Diseases that may be associated with my child(ren)'s attendance and/or participation in the PUSD Aquatics Program. I accept liability and sole responsibility for any injury to my child(ren) or myself, including, but not limited to, personal injury, disability, illness, death, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur relating to Communicable Diseases that may be associated with my child(ren)'s attendance and/or participation in the PUSD Aquatics Program.

I certify that I hold parental rights and, on my behalf and on behalf of my child(ren), I hereby voluntarily release, discharge, waive and relinquish any and all claims or causes of action against the District, its officers, agents, and employees for injury, accident, illness, disability, or death that may occur relating to Communicable Diseases that may be associated with my child(ren)'s participation in the PUSD Aquatics Program, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this waiver and release includes any claims based on the actions, omissions, or negligence of PUSD, its employees, officers, directors, agents, and representatives, whether a Communicable Diseases infection occurs before, during, or after participation in the PUSD Aquatics Program.

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Signature of Participant/Parent/Guardian

Date

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Print Name of Participant/Parent/Guardian