



Curriculum Department

**Covid-19 Acknowledgement Risk and Consent Form
for Voluntary Extracurricular Activities and After School Programs**

The coronavirus, also known as COVID-19, has been declared a worldwide pandemic and is contagious and can be spread by person-to-person contact. As a result, federal, state and local health agencies recommend social distancing and other measures to reduce the spread of the virus. School Board of Alachua County, Florida and its Alachua County Public Schools (“ACPS”) are willing to conduct various extracurricular activities and after school programs during the ACPS school year. These activities and programs will be conducted in accordance with health and safety protocols appropriate for the activity and for the conditions at the time and as may be amended. ACPS will implement plans to reduce the risk of exposure to COVID-19, however, none of these plans and mitigation efforts can guarantee complete safety, nor can they eliminate all risk of exposure. Students participating in the activity and programs will be required to follow these protocols and will be immediately removed from the activity or program if they do not fully comply.

I, the undersigned parent or guardian of the below named student, am aware of the health and safety protocols being implemented by ACPS and I agree that the below named student may participate in the activities and programs despite the risk of exposure to COVID-19. The student will report any symptoms of illness to his or her parents, guardians, coaches, directors, athletic trainers and other leaders associated with the activity or program and I agree to do the same. Either I, or the student, shall report to the coaches, directors, athletic trainers, teachers and any other leaders associated with the activity or program if the student has any contact or exposure to COVID-19. I acknowledge that the Superintendent or her designee retains the right to cancel or interrupt or postpone an event, game, activity or a program when in the judgment of the Superintendent or her designee, such act is necessary for the health, safety and welfare of the students and staff of ACPS.

I have been advised of the risks of participation. I acknowledge and understand that because of the COVID-19 pandemic that there is an increased risk the student if they participate in extracurricular activities. I have weighed the risks and benefits and hereby give my consent that the below named student may participate in the extracurricular activity or program identified below:

Extracurricular/After School Activity: _____

Student Signature: _____

Printed Student Name: _____

Parent/Guardian Signature: _____

Printed Name of Parent/Guardian: _____

Date Signed: _____