

**Waiver of Liability for Student Participation in  
Extracurricular Activities During COVID-19**

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 mainly from person-to-person contact. However, there remain many unknowns about COVID-19, how it spreads, and its impact on a student.

Under Mississippi Law, an educational entity who attempts in good faith to follow applicable public health guidance shall be immune from suit for civil damages for any injuries or death resulting from or related to actual or alleged exposure or potential exposure to COVID-19 in the course of or through the performance or provision of its functions or services.

By signing this agreement, I give permission for my child to participate in all extracurricular activities at Pearl Public School District and that participation may include a possible exposure to COVID-19. I understand that Pearl Public School District cannot prevent the possible transmission or contraction of COVID-19 for my child during these activities.

I confirm that I will not permit my child to participate in any extracurricular activity if, at any time, my child is showing any symptoms of COVID-19. Additionally, I confirm that I will not permit my child to participate in any extracurricular activity if, at any time, my child has been in contact with any individual diagnosed with COVID-19 or any individual currently waiting for test results confirming the possibility of a COVID-19 diagnosis. I agree that in such situations, my child will be unable to participate in the program or activity until: (1) 14 calendar days after the symptoms first appeared and my child is no longer showing any symptoms; or (2) a healthcare provider has confirmed in writing that my child has tested negative for COVID-19 or that my child's symptoms were not due to COVID-19.

I knowingly and freely assume all risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my child's participation. I willingly agree to comply with all district board policies and regulations to limit the exposure and spread of COVID-19. I certify that my child is in good health or I believe my child to be in good health and allow participation in all extracurricular activities at our own risk.

*Please fill out this form separately for each student in your household.*

Student Name: \_\_\_\_\_ Student Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_