



Hamilton County Schools Student-Athlete Consent

I understand and acknowledge that there are many unknown and unknowable risks associated with COVID-19 including, but not limited to, how easily it may be spread, how dangerous it might be, and whether contracting it may lead to more serious long-term medical complications or conditions. I further understand and acknowledge that there are conflicting opinions regarding how a school system can best manage risks associated with COVID-19 while operating an athletic program. Finally, I understand and acknowledge that COVID-19 is still spreading in our community and that, even though school system officials are attempting to follow the most current guidelines, it is still possible that my child will nevertheless be exposed to COVID-19 and contract the disease.

Even so, as the parent and/or guardian of _____ (student's name), I have considered these risks and discussed them with my child. For myself and or my child, I consent to allow my child to participate in athletic practices and events during the 2020-2021 school year at _____ (school name).

(Signature)

(Print name)

(Date)