

APPENDIX C

MIDDLE SCHOOL
CO-CURRICULAR PARTICIPANT USER FEE CONTRACT

Student Name (printed) School Grade Date

Activity Fee Obligations

In an effort to supplement available state and District funds for our co-curricular programs, a fee will be collected from student participants. This revenue will be used to cover travel and official costs, additional coaching salaries, as well as replacement of equipment and uniforms. The student shall pay the appropriate fee by the beginning of the activity in order to participate. In the case this deadline cannot be met, the student must make specific arrangements with the athletic director. Payment of the user fee provides **for participation only** and **does not guarantee playing time** in competitions, or any similar guarantee.

ACTIVITY FEE CHARGES

Middle school students shall be charged **\$60** per activity.

The activity your child is participating in at this time is:

Refund of Activity Fees

Full Refund: Students who are cut from a co-curricular activity during the first ten (10) days of practice will receive a full refund.

Prorated Refund: Students injured or having special extenuating circumstances during the same activity season will receive a prorated refund, the amount of which will be determined by the coach and athletic director/administrator.

No Refund: Students who quit and/or withdraw from a team due to disciplinary reasons will not receive a refund.

* * * * *

I have read and understand the above terms and conditions and agree to abide by the same.

Student Signature Parent/Legal Guardian Signature Date

KENAI PENINSULA BOROUGH SCHOOL DISTRICT

**COVID-19 HOLD HARMLESS, RELEASE AND WAIVER
OF LIABILITY RELATED TO ATTENDANCE AT EVENT**

The Kenai Peninsula Borough School District (“KPBSD”) supports school activities such as, but not limited to, sports, music, art, drama, debate, and student government (referred to in this document as an “EVENT”). Allowing an EVENT during this time cannot be done without inherent risk to all participants.

In consideration for being permitted to compete, officiate, observe, work, and/or participate in an EVENT, I _____, on behalf of myself and my minor children, agree and consent to the following:

1. I affirm that neither I, nor any person residing in my household, including the actual participant(s) in the EVENT, has been diagnosed with, demonstrated any symptoms of, or have in any way knowingly been exposed to any communicable diseases, including the novel corona virus known as COVID-19 within the past fifteen (15) calendar days;
2. I agree that I will immediately notify the school administrator if I, my child, or anyone in my immediate household is diagnosed with the novel corona virus known as COVID-19. I understand that this notification is critical to limit the spread of the virus.
3. I understand that current recommendations suggest that students who are either presumed positive or positive of having contracted COVID-19 must be cleared by their medical provider before they may enter KPBSD premises(see the [COVID Parent Fact Sheet](#) and [KPBSD School District COVID-19 Return to Play Form](#)).
4. I acknowledge that I am aware that by entering the premises where the EVENT is being held that there is a risk to me and my minor children of being exposed to COVID-19, and/or any mutation or variation thereof. I am also aware that such an exposure can occur either directly or indirectly whether or not a mask and/or gloves are worn and that KPBSD cannot guarantee that by entering the premises of the EVENT there will be no exposure to COVID-19;
5. I understand that while certain individuals are more susceptible to becoming seriously ill if they contract COVID-19 (such as people over 65, people with serious underlying health conditions, and those with compromised immune systems), anyone, including a healthy person, is susceptible to contracting COVID-19. By signing this Waiver of Liability, I fully and knowingly agree to ASSUME ALL RISKS associated with attendance at a public event and potential exposure which may include potential exposure to the COVID-19 virus for myself and any minor children whom I consent to attend the EVENT;
6. I understand that I may obtain more information by visiting the State of Alaska’s Covid-19 information page at www.covid19.alaska.gov.

7. I understand and acknowledge that KPBSD cannot eliminate the risk of exposure to COVID-19 and agree that by the signing of this Waiver I, on behalf of myself and my minor children, ASSUME ALL RISKS, associated with my involvement and my children(s) involvement in the EVENT;
8. By signing this Waiver, I acknowledge that participation in or attendance at the EVENT is not required by KPBSD;
9. I agree that this Waiver, Release and Assumption of Risk is to be binding upon my heirs and the heirs of my children;
10. I hereby voluntarily agree to RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE KPBSD and/or its officers, directors, Board members, employees, contractors and/or volunteers; including promoters, participants, officials and owners of the EVENT premises (hereinafter "Releasees"). By signing this document, RELEASEES WILL BE RELEASED FROM ANY AND ALL LIABILITY for any loss or damage whether caused by the negligence of the Releasees or otherwise, provided that nothing in this Supplemental Hold Harmless Release and Waiver of Liability Related to COVID 19 shall amend the health insurance coverage and agreement, if applicable, provided to me and my eligible family members by KPBSD;
11. To the maximum extent allowed by law, I hereby agree to INDEMNIFY AND HOLD HARMLESS the Releasees from and against any and all claims for damages, causes of action or injuries, any loss, liability, cost, (including attorneys' fees and costs expended in the defense thereof), which may be incurred or which may arise out of or related to my illness or death, or the illness or death of my children, including the actual participant(s) in the EVENT whether caused by the negligence of the Releasees or otherwise.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE; THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR CHILD(REN) WHOM I ACCOMPANY OR ALLOW TO PARTICIPATE IN THE EVENT; AND THAT I KNOWINGLY AGREE TO RELEASE AND WAIVE ANY CLAIM OR LEGAL CAUSE OF ACTION THAT I OR MY CHILDREN MAY HAVE AGAINST RELEASEES.

Printed Name: _____

Signature: _____

Name of Student: _____

Date: _____

SUDDEN CARDIAC ARREST

PARENT & STUDENT INFORMATION SHEET

Sudden Cardiac Arrest (SCA) takes the lives of thousands of students every year. It is the number one cause of death in student athletes. SCA is where the heart stops beating suddenly. An individual will stop breathing and collapse, lying motionless or appearing to have a seizure.

CAUSES OF SCA INCLUDE:

- Structural heart defects (hypertrophic cardiomyopathy, Marfan syndrome etc.)
- Electrical Heart Defects (long QT syndrome, Wolff-Parkinson White Syndrome, etc.)
- Blow to the chest (Commotio Cordis)

RISK FACTORS FOR SCA INCLUDE:

- Fainting or seizures during or immediately following exercise
- Chests pains during exercise
- Unexplained shortness of breath, long time to catch breath
- Dizziness
- Unusually rapid heart rate
- Extreme fatigue, always tired and lack of energy
- Unexplained sudden death of a direct family member under the age of 50

If you have any of the risk factors consult your healthcare provider

TO INCREASE THE CHANCES OF SURVIVING SCA THERE SHOULD BE:

1. An Emergency Action Plan in place for every practice and event
2. Someone immediately calling 911
3. An Automated External Defibrillator (AED) immediately accessible
4. Cardiopulmonary Resuscitation (CPR) hands only started immediately

I have reviewed and understand the symptoms and warning signs of SCA

TO BE COMPLETED BY THE STUDENT AND HIS/HER PARENT OR GUARDIAN.

Student Name (please print)

Student Signature

Date

Parent or Guardian Name (please print)

Parent or Guardian Signature

Date

ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.

4048 Laurel Street, Suite 203 • Anchorage, AK 99508 • (907) 563-3723 • Fax 561-0720 • www.asaa.org

**STUDENT INDEMNIFICATION STATEMENT (Waiver of Liability)
STUDENT CONSENT FOR MEDICAL TREATMENT
STUDENT CONSENT TO PARTICIPATE ***

Student Name:	_____	School:	_____
Activity (if for sport season name sport):	_____	Field Trip:	_____
Date(s) of trip:	_____	Sport Season (if applicable):	_____

To the maximum extent allowed by law, I agree to hold harmless the Kenai Peninsula Borough and School District and its employees, directors, and designees (hereafter "District") for expenses relating to injuries (up to and including death), accidents, diseases, property damage, and/or property loss which may occur as a result of the student's participation in the above named activity on the above named field trip except to the extent such injuries are directly caused by the reckless or intentional actions of the District.

I understand that the District provides limited secondary student accident insurance coverage for travel within the US and Canada (overseas insurance may be purchased separately) and no liability insurance that would cover a student's actions. I understand that the District's insurance is effective only when my student is immediately and directly supervised. It will be my responsibility to provide for payment of such expenses beyond the secondary limited accident insurance, should they occur. Due to the fact that the secondary coverage provided by the District is not effective outside of the US and Canada, parents of students going on these trips outside the US will be required to provide proof of insurance. I am aware of the hazards associated with the transportation to and from, as well as participation in, this activity.

I give my permission for the above listed student to be transported by school personnel or their designees and to participate in the above listed activity, OR

I will be transporting my own child (only) via my own auto, airplane, _____ and understand that I alone will be liable for my own personal insurance and any subsequent expenses for the transport of my child. I understand that transporting my own child does not qualify me to attend or chaperone the field trip. Chaperones are required to complete E 6153(h) Chaperone/Volunteer Indemnification Statement and a background check is also required.

I understand that all District and school rules and regulations will apply while the above named student is on a school-sponsored field trip. Violations of a serious nature will result in the student being sent home immediately at my expenses. School discipline will result for infractions of school rules while the student is on a school-sponsored trip.

Please complete both sides of this form (required).

STUDENT INDEMNIFICATION STATEMENT (Waiver of Liability)
STUDENT CONSENT FOR MEDICAL TREATMENT
STUDENT CONSENT TO PARTICIPATE *

Continued

I understand this waiver is voluntary, and I fully understand the potential risks.

I also authorize any necessary emergency medical treatment to be administered to the above named student. Allergies and/or special medical instructions for the student are attached.

Additional information is available through _____ (trip organizer's name) at phone: _____ and school: _____.

_____	_____
Parent or Guardian Printed Name	Parent or Guardian Phone Numbers
_____	_____
Parent or Guardian Signature	Date
_____	_____
Additional Contact Name (Emergency)	Emergency Contact Phone Numbers

* This form is to be completed for each field trip or single event; form is to be completed once for each specific sports season

Original – Principal, Copy – Parent, Copy – Coach/Sponsor

Revised 2-11-2019