

IMPORTANT: COVID-19 Information

Participation in an in-person CTE class requires a COVID-19 Waiver below. **You must submit this completed waiver to your instructor at the first in-person class meeting in order to participate.** As of August 4, 2021, students attending classes on KVCC CAMPUSES are **REQUIRED TO WEAR A MASK.** Students attending in-person classes at other schools/sites may be required to wear a face mask over mouth and nose. Please bring your own clean mask each day. By signing this agreement, you are agreeing to follow the masking protocols at the location you are enrolled.

NOTICE AND WAIVER TO ALL CTE ACTIVITY PARTICIPANTS

I agree that _____(student name) has my permission to participate in the **Career and Technical Education (CTE)** programming during the 2021-2022 school year. Student and parent/guardian agree to follow participation rules, as set forth by the State of Michigan and local school districts.

I agree that participation in the above noted activity is voluntary, and I have knowledge of and assume all risks for the activity to include injuries as well as exposure to communicable disease, including COVID-19.

I certify that I understand current COVID-19 risks and symptoms and current CDC guidelines. I certify that my child has not had any symptoms of COVID-19/coronavirus nor been exposed to anyone who has had such symptoms or diagnosis in the last 10 days. I agree to notify the school district of any changes and I will **NOT** send my child to the activity if any symptoms develop or with notice of an exposure to COVID-19 until my child has been medically cleared.

I understand that this discharges the **SCHOOL DISTRICT, ITS EMPLOYEES, and AGENTS** from any liability or claim. **SCHOOL DISTRICT, ITS EMPLOYEES, and AGENTS** will not assume responsibility for any injury or illness incurred while participating in the program or any physically related activity. Certain risks are inherent during participation in these events. Nor will the **SCHOOL DISTRICT, ITS EMPLOYEES, or AGENTS** be liable for lost or stolen items while participants are using the facilities or are on the premises. I release and waive all claims against the **SCHOOL DISTRICT, ITS EMPLOYEES, and AGENTS** from any and all injuries or damages that my child or I may suffer as a result of my participation in the activity. I agree to indemnify and hold the **SCHOOL DISTRICT, ITS EMPLOYEES, and AGENTS** harmless from any claims presented on **MY OWN BEHALF**, or claims presented by my child or my child's representative.

Signature of Parent or Guardian: _____ Date: _____

Student Signature: _____ Date: _____

This form is to be completed and returned to your program instructor the first day of in-person class.