



Hamilton County Schools Student-Athlete Consent

I understand and acknowledge that COVID-19 is still active and contagious. I understand and acknowledge that there are potential risks of contracting COVID-19 if I allow my student-athlete to participate in the 2020 summer conditioning practices.

I understand that Hamilton County Schools, _____
(school name)

and it's coaches/employees will be following all Centers for Disease Control and Prevention (CDC) and the National Federation of High Schools (NFHS) guidelines/recommendations including, but not limited to, social distancing as a precaution against spreading COVID-19, and will not hold Hamilton County Schools, _____, or it's employees/coaches responsible and/or
(school name)

liable if my student-athlete contracts COVID-19.

Yes, I as a parent and/or guardian, consent to allow _____
(student's name)

to participate in the summer 2020 conditioning/sports program at _____.
(school name)

(signature) (print name) (date)

No, I as a parent and/or guardian, do not consent to allow _____
(student's name)

to participate in the summer 2020 conditioning/sports program at _____
(school name)

(signature) (print name) (date)