

Lawrence High School
2525 Princeton Pike
Lawrenceville, New Jersey 08648

COVID-19 WAIVER

Name of Student: _____ Date: _____

Parent/Guardian Cell: _____ Sport: _____

COVID-19 Questions: Please Circle One

Has your son/daughter been diagnosed with Coronavirus (COVID-19)? **YES** **NO**

• If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? **YES** **NO**

• If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? **YES** **NO**

Has any member of the student-athlete's household been diagnosed with Coronavirus (COVID-19)? **YES** **NO**

I acknowledge the risks inherent in all physical activities, especially during the COVID-19 public health crisis, permit my child to participate in inter-scholastic athletics/activities despite these risks, generally waive and release all claims against the school district related to any personal injury suffered or caused by my child, and specifically indemnify and hold the school district harmless regarding same.

Signature of Parent/Guardian: _____

To participate in workouts during the high school SPRING sports season, the parent/guardian must complete this form. This form only needs to be completed one time.