In consideration of the above requirements of the CVSD’s Return-to-Play Plan, I, on behalf of the Student, and I, the Student, acknowledge the following:

- Participating in voluntary out-of-season workouts may include a possible exposure to a communicable disease, including but not limited to MRSA, influenza, and COVID-19. I/Student must be an active participant in my/his/her own healthcare.
- In consideration of my/his/her voluntary involvement in workouts, I have had an opportunity to carefully read the current CDC Guidelines for COVID-19 virus related health risks and understand the recommended precautions, along with the above requirements.
- I voluntarily and willingly choose to have Student participate in returning to District workouts.
- I willingly agree to comply with all procedures, protocols, and requirements put into place by the District in order to provide for safe athletic participation, to keep myself and others safe, and to limit and reduce the exposure to and spread of COVID-19 and other communicable diseases.
- I knowingly and voluntarily assume all risks related to the COVID-19 virus. I acknowledge that while particular recommendations and personal discipline may reduce the risk, the risk of serious illness and death does exist, and I assume full responsibility for my/his/her participation.

I acknowledge and agree to the following: (initial next to each for consent)

___ voluntarily and willingly choose to participate in returning to the CVSD campus.

___ voluntarily and willingly choose to participate in PIAA interscholastic activities for New Oxford.

___, on behalf of myself, and/or my child/Student, hereby affirm to follow all procedures and protocols put into place by the Conewago Valley School District Return-to-Play plan designed to keep Student and others safe.

Choose One:
I, _____________________________________________ [Parent and Student Name], have read the above and agree the statements are accurate.
OR
I, _____________________________________________ [Parent and Student Name], have read the above and decline the option to return to campus with concerns regarding the COVID-19 virus. I understand this decision will not affect my eligibility for the season.

__________________________________________  ________________________
Student-Athlete Signature                      Date

__________________________________________  ________________________
Parent/Guardian Signature                      Date