

**Kayenta Unified School District
Monument Valley High School
Participation in Testing & School-Wide Assessments 2021
Waiver, Release, and Assumption of Risk Form**

On behalf of myself, my household members, and my minor child,
_____, I hereby give permission for my child to participate in
Testing and/or school wide Assessments at Monument Valley High School. My child and I are
familiar with, and knowingly and voluntarily accept, any and all risks associated with
participation in Testing and school wide Assessments at Monument Valley High School. I
acknowledge that my child's participation in this program is wholly voluntary.

I specifically assume all risks and hazards associated with my child's participation in the Testing
and school wide Assessments including, but not limited to, the risks associated with the novel
COVID-19 virus. I understand that my child will be associating with staff and other children and
may contract COVID-19, and other viruses and diseases, through my child's participation in
Testing and Assessments. Although the children and staff may have their temperatures taken
prior to participating, that precaution is not nearly adequate to prevent the spread of COVID-19
given, among other things, the relatively long incubation period, and the fact that many infected
persons are asymptomatic. I understand and voluntarily assume the risk that my child may
acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me,
my family, and members of my household.

While instruction and reasonable supervision will be provided, staff cannot ensure my child's
safety. Accidents and injuries happen, and it is impossible to eliminate the risk that my child will
suffer an injury or illness.

I certify that my child is in good health, has no fever, and has no current issues that make it
unsafe for my child to participate in Testing and school wide Assessments. I will notify the
school and not send my child to Testing and/or school wide Assessments if my child develops a
fever or illness or tests positive for COVID-19. I acknowledge that my child and I are responsible
for ensuring that he/she takes any necessary medication, and for avoiding any allergies. In the
event of a medical emergency, 911 will be called and I will be responsible for any and all costs
of medical treatment.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and
all claims, causes of action, damages, and rights of any kind against the school, the school
district, its insurers, the district's governing board, and all of their respective employees, agents,
representatives, and volunteers (the "Released Parties") arising from or relating in any way to
any damage, injury, trauma, illness, loss, unwanted contact, harassment, disability,
dismemberment, or death that may occur to my child, me, or my household members—
whatever the cause—due to my child's participation in Testing and/or school wide Assessments.
This includes, without limitation, any claim arising from the negligence of the Released Parties.

I further agree not to sue the Released Parties, and to defend and indemnify the Released
Parties for all claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed
concerning an injury, illness, or death to me, my child, or my household members resulting from
participation in Testing and school wide Assessments.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____