l,	the undersigned parent or legal guardian, for	and in	
consideration	on of the privilege of my undersigned dependent being able to participate in spoi	rts	
conditioning	g and organized athletic activities at and for Wellington Public Schools for the sc	chool year of	
2020-21, here	ereby covenant and agree to release and forever discharge Wellington Public Scho	ools, its	
	vants, employees, and volunteer coaches and assistant coaches, the USD 353 Sch		
_	nbers from any and all claims, demands, losses, damages, costs, expenses, and at		
	d health issues or injury to or death to the undersigned dependent resulting from		
	sed by, or arising in any manner out of playing or participating in summer school a	_	
	organized athletic activities at and for any Wellington Schools.	,	
This Warning,	ng, Agreement to Obey Instructions, and Release is applicable to all school educat	ional:	
activities, spo	ports and after school activities at USD 353.		
I acknowledge	dge that the school will follow the Governor's and county health department's CC	VID-19	
health guidan	ance and assure USD 353 that I have discussed the following requirements with r	ny student	
and my stude	dent will obey the follow rules:		
1.	Wash hands thoroughly and frequently with soap and water/sanitizer		
2.	Cover all coughs appropriately		
3.	Avoid touching face or other surfaces		
5.	Not attend if they are not feeling well and/or have a temperature		
6.	Remain 6 feet apart from other students and staff		
0.	nemain o reet apart nom other stadents and stan		
I, the UNDERS	RSIGNED, having read and understood the Warning, Agreement to Obey Instruct	ions, and	
the Release, c	e, do agree and consent to the participation of undersigned dependent in sports a	ınd	
organized ath	athletic activities at and for USD 353. I execute it voluntarily and with full knowled	dge of its	
significance.	<u>.</u>		
Signed:	Date:		
	rent or Legal Guardian		
	<b>0</b>		
Signed:	Date:		
Stude			
Jude	WELL		