

**CAVE CREEK UNIFIED SCHOOL DISTRICT
2020 GRADUATION CEREMONY
Waiver, Release, and Assumption of Risk Form**

Graduate: _____

Attendee 1: _____

Attendee 2: _____

The named persons will be attending the 2020 Cactus Shadows High School High School (the “school”) graduation ceremony. I understand and acknowledge that my and/or my minor child’s participation as a graduate or an attendee in this activity is wholly voluntary and is not a requirement for any school curriculum or graduation.

I am aware that the coronavirus that causes the disease COVID-19 is known to be highly contagious and spread easily between people. I and/or my child have not had any symptoms associated with COVID-19 for 7 days prior to the date of this event. I specifically assume all risks and hazard associated with my and/or my child’s participation in the graduation ceremony—including but not limited to becoming infected with the coronavirus, infecting others with the coronavirus, and intentional or negligent acts of others. I and/or my child agree to abide by the following rules:

In order to ensure the safety of our students, staff, and guests; students and guests will be required to wear masks at all times while on CCUSD property (students may take off masks only while on the stage). In addition, all staff and volunteers will be required to wear masks and gloves at all times. All students, guests, and staff are expected to follow social distancing protocols. Students and guests will need to leave CCUSD property after each ceremony in order to assist with social distancing and limit social grouping. No photographs or group pictures are to be taken before or after the ceremony. In between each ceremony, the Fine Arts Center will be disinfected.

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, Cactus Shadows High 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 me or my child. This includes, without limitation, any claim arising from the negligence of the Released Parties.

I further agree not to make a claim against or sue the Released Parties arising out of my and/or my child’s participation in this activity.

I have read this agreement and understand that it relates to surrendering and releasing valuable legal rights. I do so freely and voluntarily.

The graduate and all attendees who are 18 years of age or older must sign below.

Graduate: _____

Date: _____

Attendee 1: _____

Attendee 2: _____