

**2021-2022 CONSENT TO PARTICIPATE IN A SCHOOL SPONSORED ACTIVITY,
ACKNOWLEDGEMENT OF STUDENT SAFETY EXPECTATIONS RELATED TO COVID-19, AND WAIVER**

I have carefully reviewed the STUDENT SAFETY EXPECTATIONS RELATED TO COVID-19. I certify that I understand current COVID-19 risks and symptoms and the current CDC guidelines.

I wish to participate (or to grant permission for my minor student to participate) in one or more school sponsored activities that supplement the student's K-12 instruction -or- I wish to participate in a school sponsored activity or class offered to me as an adult student during 2021-2022.

I understand that all individuals present on JCISD property or participating in school sponsored activities are required to practice social distancing and other precautionary measures described in the STUDENT SAFETY EXPECTATIONS RELATED TO COVID-19, and as may be more fully described or updated by an instructor for a particular situation or circumstance.







I understand students will be required to provide documentation on each day of participation that (1) the student has not had any symptoms of COVID-19 in the previous 7 days, (2) the student has not been exposed to anyone that had such symptoms or diagnosis in the last 14 days, and (3) for students who exhibited symptoms, that it has been 10 days since the symptoms first appeared, the symptoms have improved, and it has been at least 24 hours with no fever without any fever-reducing medication.

I agree on behalf of myself (if the student) or on behalf of my student (if the parent of a minor student) to follow the above-listed expectations of Jackson Area Career Center (JACC) students throughout the duration of my own or my student's participation in the JACC program/service, including any changes to the expectations and/or program specific rules/expectations which are communicated to you.

To the extent that my participation (or my student's participation) in a class or school sponsored activity is voluntary, such voluntary participation will certify agreement to assume all risks of injury or illness associated with potential exposure to communicable diseases, including COVID-19, while participating in that class or activity.

I understand that this Waiver discharges the Jackson County Intermediate School District, its employees and its agents from any liability or claims related to any injury or illness incurred as a result of participating in or attending the program or any school related activity. I agree to indemnify and hold the Jackson County Intermediate School District, its employees and agents harmless from any claims presented on my own behalf, or claims present by my minor student or minor student's representative (if applicable).

This Consent, Acknowledgement and Waiver is effective through June 30, 2022, unless consent is prospectively withdrawn in writing and provided to: JACC Principal, 6800 Browns Lake Road, Jackson, MI 49201.

Print Here: 	_____	Print Here: 	_____
	Parent/Guardian Name (please print)		Student Name (please print)
Sign Here: 	_____	Sign Here: 	_____
	Parent/Guardian Signature		Student Signature
Date Here: 	_____	Date Here: 	_____
	Date		Date

PARENT/GUARDIAN: (Check the box below if applicable)

I am a parent of a minor student

STUDENT (Check the appropriate box)

I am a minor student

I am an adult student