

**COVID-19 Protocols and Participant Waiver for Non-LPS Users
(Effective 02-19-22)**

These COVID-19 protocols and all other Archibus Use Terms and Conditions as well as Insurance Requirements will apply, must be completed and agreed to the same as current practice, except to the extent they are inconsistent with these protocols. **These protocols control over any other inconsistent Use Terms and Conditions.**

Applicants shall be responsible for monitoring and enforcing all of the following Protocols. Any Applicant that fails to follow these Protocols, any federal, state, or local health measures and regulations, and any governing or sanctioning organization COVID-19 guidance may be refused future reservations of LPS facilities.

- Applicants must follow all applicable Lincoln Lancaster County Health Directives. See the Lincoln Lancaster County Health Department website for more information.
- **Waiver form.** All participants, coaches, officials, sponsors, supervisors, volunteers, spectators, and attendees must complete a LPS waiver form. The sponsoring Applicant is responsible for collecting and retaining all completed waiver forms. By reserving the LPS facility, the Applicant is assuring that all of the necessary waiver forms are properly completed and signed and in place. The Applicant shall provide completed waiver forms to LPS upon request. Any participants, attendees, spectators, sponsors, coaches, volunteers, or supervisors without completed waivers may be excluded from the LPS facility.
- The Applicant shall be responsible to ensure that spectator capacity does not exceed 100% of the rated occupancy of the LPS facility.
- **Face coverings are recommended.** Face coverings are recommended for all individuals age 2 years and older regardless of vaccination status.
- **Social Distancing encouraged.** It is encouraged that all persons in or at an LPS facility observe appropriate social distancing guidelines, including wherever possible maintaining 6 feet of distance between individuals.
- Applicants must conduct activities in alignment with any governing or sanctioning organization COVID-19 guidance for their respective organization or sport, if any apply. Provided that any governing or sanctioning organization guidance shall not be inconsistent with these protocols. Applicants must provide to LPS upon request the specific COVID-19 guidance from the governing or sanctioning organization.

LPS FACILITY USE WAIVER, RELEASE AND ASSUMPTION OF RISK

I am over the age of 18. I am signing this document below as a coach, volunteer, supervisor, sponsor, attendee, or spectator, and/or as a parent or legal guardian. As a coach, volunteer, supervisor, sponsor, attendee, or spectator, I am signing this document on behalf of myself. As a parent or legal guardian, I am a parent or legal guardian for the children listed below and am signing this document on behalf of myself and on behalf of my children who are named below.

I understand that the Lincoln Public Schools is willing and prepared to make available for use certain LPS facilities, including but not limited to gyms, swimming pools, wrestling rooms, auditoriums, classrooms, meeting rooms, lunch rooms, common areas, and associated facility areas (the "LPS facilities"). I am fully aware of the specific risks and dangers associated with using all LPS facilities. I also understand and am aware that due to the size and spacing of gyms, swimming pools, wrestling rooms, auditoriums, hallways, restrooms, classrooms, meeting rooms, lunch rooms, common areas, and other areas of LPS facilities, the possibility of closer contact between participants, coaches, volunteers, supervisors, sponsors, attendees and spectators, the nature of physical exertion and workouts, and other factors involved with using LPS facilities, that there is a significant risk that I and/or my children could be exposed to and could contract the virus which causes COVID-19 or incur other injuries or communicable health conditions.

I understand that using the LPS facilities is completely voluntary, at my and/or my child or children's own risk. I and/or my child or children are assuming the risk that by using the LPS facilities, I and/or my child or children could be exposed to and could contract the virus which causes COVID-19 or incur other injuries or communicable health conditions, and I accept this risk and nonetheless voluntarily choose use and/or to allow my child or children to use the LPS facilities. I agree that Lincoln Public Schools is not responsible in any manner for (1) supervising or monitoring any use of LPS facilities, (2) my and/or my child or children's usage of LPS facilities, (3) any personal injury to me and/or my child or children occurring as a result of using LPS facilities hereunder, including but not limited to physical injury or exposure to or contraction of the virus which causes COVID-19, or (4) property damage to me and/or my child or children occurring as a result of using LPS facilities. I further understand that I am solely responsible for any personal injury or property damage caused by me and/or my child or children as a result of the usage of any LPS facilities.

In consideration of my and/or my children being allowed to use LPS facilities and for other good and valuable consideration, receipt of which is hereby acknowledged, I, on behalf of myself and/or my child or children and all others who may claim by, under, or through myself, do hereby release, covenant not to sue and waive any and all claims, causes of action, and lawsuits that I, my child or children, or any other guardian(s) may have or may accrue against the Lincoln Public Schools, its board of education, officers, administrators, teachers, coaches, agents, representatives, and insurers, whether for personal injury, including exposure to or contraction of the virus which causes COVID-19, or property damage, whether known or unknown, in any way arising out of or resulting from my and/or my child or children's use of any LPS property or LPS facilities.

I understand and agree that my signature below represents a signature on behalf of myself and each of my children.

Signature of adult coach, volunteer, or supervisor
and/or parent or legal guardian of children:

Date of Signature

Name of each child (if applicable):
