



Liability Waiver for In Person Return at School Sports Program.

By this means, I voluntarily request that my son / daughter participate in the In Person Sports Program model for the 2021-2022 school year.

For this reason and in my capacity as legal guardian, I exonerate / release the American School, its advisers and administrators from all responsibility. I understand that my child must follow all biosecurity protocols at all times (mandatory use of mask, use hand sanitizer, practice social distancing) and follow the Biosafety Protocol of the American School to avoid contagion.

Failure to meet school rules will result in consequences defined in the school's Student Handbook.

I certify I have read and understand all the information presented by Athletic Department on Registration process and confirm my choice is voluntary. I certify the signature below is mine.

Tegucigalpa MDC.

Date: _____

Electronic Signature (Type your name).