



WHITEWATER HIGH SCHOOL
100 Wildcat Way
Fayetteville, Georgia 30215
(770) 460-3935

“Knowledge, Opportunity, Success”

Steven D. Cole
Principal

Jason Barnes
Kelly Hoofnagle
Maggie Walls
J. P. Ward
Assistant Principals

2020 Participation in Powder Puff, Homecoming Hall Decorating, and Homecoming Court Consent, Acknowledge and Release

Student _____

Organization _____ Sponsor _____

We, the undersigned parents or guardians of _____ hereby consent to our student’s participation in the following Whitewater High School Homecoming activities:

- Powder Puff Football Practices, Games, and/or Cheerleading
- Homecoming Hall Decorating
- Homecoming Court Practice and Game Halftime

We further acknowledge and agree to the following:

The Fayette County Board of Education, its members, employees and agents assume no responsibility for personal injuries and/or property damage which might be suffered by our student, his/her property, or the person or property of others during said functions, and we hereby expressly release said Board of Education, its members, employees and agents from any and all liability to any such injuries or damage.

The Fayette County Board of Education’s policies on Student Conduct and Discipline shall be in full force and effect as to all student participants in this function at all times during the same, and any violation of any rule(s) contained therein by our student may result in appropriate disciplinary measures, including suspension and expulsion as provided in said policies.

The Fayette County Board of Education, its members, employees and agents are not responsible for any expenses related to this school function(s) except as otherwise specifically agreed by them in writing.

The Fayette County Board of Education may require as a condition of our student’s participation in this school function that satisfactory evidence be submitted indicating that our student has sufficient medical insurance in effect during the period of said function.

Participants will adhere to health and safety protocols in regards to **COVID-19**. Masks will be worn while inside buildings and outside when social distancing is not feasible. Participants will answer screening questions at the beginning of each activity and will not participate that day if he/she is experiencing possible COVID-19 symptoms. (Possible COVID-19 symptoms: fever, new or persistent cough, sore throat, shortness of breath, headache, fatigue stomach issues (diarrhea), loss of taste or smell)

Signed this _____ day of _____, 20_____

Parent/Guardian Signature