

## COVID-19 WAIVER, RELEASE, AND ASSUMPTION OF RISK FORM

<b>Parish Information</b>	
Parish Name:	
Parish Address:	Telephone:
Faith Formation Director:	Email:
<b>Personal Information</b>	
Student Name:	Date of Birth:
Current School:	Grade:
Parent/Legal Guardian Name:	Telephone:
Home Address:	Email:
Emergency Contact Name:	Telephone:
Emergency Contact Name:	Telephone:
Insurance Company:	Policy No:
Medical Illnesses or Allergies:	Prescription Medication:
<b>Waiver Authorization</b>	
<i>FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.</i>	
<p>The novel coronavirus, COVID-19, is a highly infectious, life-threatening disease declared by the World Health Organization to be a global pandemic. There is no current vaccine for COVID-19. COVID-19's highly contagious nature means that contact with others, or with surfaces that have been exposed to the virus, can lead to infection. Additionally, individuals who may have been infected with COVID-19 may be asymptomatic for a period of time or may never become symptomatic at all. Because of its highly contagious and sometimes "hidden" nature, it is currently very difficult to control the spread of COVID-19 or to determine whether, where, or how a specific individual may have been exposed to the disease.</p> <p>I acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in another person, and the inherent risks of exposure to those who may be infected with COVID-19. I voluntarily assume the risk that I/my child/my household members may be exposed to or infected by COVID-19 as a result of or in connection with my child's attendance at school and that such exposure or infection may result in personal injury, illness, permanent disability, and/or even death.</p> <p>I acknowledge that the CDC and many other public health authorities continue to recommend social distancing and other protective measures to prevent the spread of COVID-19, which may be updated at any time. I acknowledge that I/my child/my household members must comply with all set procedures to reduce the spread of COVID-19.</p>	

I understand that the PARISH AND DIOCESE OF GREENSBURG has put in place new rules and precautions in order to mitigate the spread of COVID-19, which may be updated at any time. While acknowledging that these rules and precautions may or may not be effective in mitigating the spread of COVID-19, I/my child/my household members agree to comply with such rules and precautions which may include, but are not limited to, wearing a face covering, hand washing, hand sanitizing, and social distancing.

I understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19. I understand that the risk of I/my child/a household member becoming exposed to or infected by COVID-19 as a result of or in connection with my child's attendance at school may result from the actions, omissions, or negligence of myself and others, including, but not limited to, priests; parish, or diocesan staff; volunteers; students; and other parish, or diocesan workers, including their families. I recognize that the PARISH, SCHOOL, AND DIOCESE OF GREENSBURG cannot limit all potential sources of COVID-19 infection and cannot guarantee that I/my child/a household member will not become infected with COVID-19.

I acknowledge that, by sending my child to parish activities, including but not limited to on-site faith formation and/or youth ministry, I am/my child/a household member is increasing risk of exposure to COVID-19. I voluntarily assume full responsibility for any and all risks of illness or injury associated with my/my child's/my household members exposure to COVID-19, as well as from use of any protective equipment, including face coverings, that the PARISH, SCHOOL, AND DIOCESE OF GREENSBURG may voluntarily provide to my child.

I attest that:

1. My child is not experiencing any symptoms of illness such as cough, shortness of breath or difficulty of breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
2. My child has not traveled internationally within the last 14 days.
3. My child has not traveled to a state identified by the Pennsylvania Department of Health as having high amounts of COVID-19 cases in the last 14 days.
4. I do not believe my child has been exposed to someone with a suspected and/or confirmed case of COVID-19.
5. My child has not been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities.
6. I am following all CDC recommended guidelines and limiting my/my child's exposure to COVID-19.

I understand that it is my responsibility to notify the PARISH if any of the aforementioned situations change throughout the year.

I agree that if I am/my child/a household member is exhibiting symptoms of illness such as cough, shortness of breath or difficulty of breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell, I will seek medical attention for me/my child/my household member, remain isolated and self-quarantine until I have/my

child/my household member has been cleared by a medical professional.

In consideration for providing my child the opportunity to attend formation and parish activities and any related transportation to and from the parish, both my child and I voluntarily agree to release and agree to hold PARISH AND DIOCESE OF GREENSBURG harmless from, and waive on behalf of myself/my child, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself/my child that may be caused by any act, or failure to act of the PARISH AND DIOCESE OF GREENSBURG or that may otherwise arise in any way in connection with my child's attendance at school to the fullest extent allowed by law.

I understand that this release discharges the PARISH, AND DIOCESE OF GREENSBURG from any liability or claim that I/my child, my heirs, or any personal representatives may have against the parish/school/dioocese with respect to any bodily injury, illness, death, or medical treatment that may arise from, or in connection to, my child's attendance at the parish.

This liability waiver and release extends to the PARISH, AND DIOCESE OF GREENSBURG together with its clergy, staff, and volunteers.

I certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.

Parent/Legal Guardian Signature: (Student must also sign, if student is over 18)	Date Signed:
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**Internal Use Only**

Waiver Received By:	Date Received:
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