



**PARENTAL/GUARDIAN CONSENT / ASSUMPTION OF THE RISK FORM AND
RELEASE OF LIABILITY DUE TO COVID-19**

The Virus that causes COVID-19 can infect people of all ages. Persons of ALL AGES can be infected with COVID-19, and some will develop a severe illness. Even a young person with a mild or even asymptomatic case of COVID-19 can spread the infection to others, including those who may be far more vulnerable. Reasonable precautions by the School will be taken based on available guidance. However, some of the protective measures

that may be practical for adults are, for a variety of reasons, simply not possible with a wide range of students. The School has implemented policies and practices to reasonably reduce the exposure to, and spread of, COVID-19; however, the risks and hazards of being exposed to COVID-19 associated with the enrollment in, and presence at, the School cannot be completely eliminated.

COVID-19 may be spread from person to person by coughing, sneezing, speaking, and even breathing. A group of students are likely to occasionally disregard social-distancing guidelines, notwithstanding supervision and appropriate sanctions. Parents and Guardians should monitor the health of their child; **DO NOT** send any child to the school if they are displaying any symptom of COVID-19.

Student's name: _____ ("the child") Student's Date of Birth: _____

Parent or Guardian's name (print): _____

Home Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

I, _____, grant permission for my child, _____, to attend
Parent or Guardian's name Student's name

the _____ School ("the School"). The School will be conducted under the guidance and
Name of School

direction of _____ and the employees of the School.
Name of Parish

As parent and/or legal guardian of the child, I acknowledge and affirm that I am aware of the hazards and risks associated with the child's enrollment in, and presence at, the School, including, but not limited to, the risk of exposure to COVID-19. I further understand that although the School has implemented policies and practices to prevent the exposure to, and spread of, COVID-19, the risks and hazards of being exposed to COVID-19 associated with the enrollment in, and presence at, the School cannot be completely eliminated. By enrolling the child at the School, I voluntarily assume full responsibility for any risks of loss, personal injury, exposure to illness and/or death that may be sustained as a result of the child's enrollment in, and presence at, the School. Furthermore, I understand, acknowledge, and agree that the School will not be responsible for any medical costs associated with any injury, including, but not limited to, exposure of COVID-19, while enrolled at and/or being present on the property of the School.

Furthermore, I agree I will not take my child to, or allow my child to be present at, the School if my child displays any symptoms of COVID-19 or has been exposed to anyone with COVID-19. I will notify the School immediately if my child is exposed or develops symptoms. I agree to comply with rules and directives of the School, and will actively encourage my child to do the same.

IN CONSIDERATION OF MY CHILD BEING ABLE TO ATTEND THE SCHOOL, I AGREE ON BEHALF OF MYSELF, MY CHILD NAMED HEREIN, AND ALL OR ANY OF OUR HEIRS, SUCCESSORS, AND ASSIGNS, TO HOLD HARMLESS, RELEASE AND DEFEND THE DIOCESE OF VICTORIA AND THE PARISH AND THE SCHOOL NAMED ABOVE AND THEIR EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, VOLUNTEERS OR REPRESENTATIVES FROM ANY COVID-19-RELATED CLAIMS, DAMAGES OR LIABILITIES ARISING FROM OR IN CONNECTION WITH MY CHILD'S ATTENDANCE AT THE SCHOOL INCLUDING ANY ILLNESS OR INJURY OR COSTS OF MEDICAL TREATMENT. THIS RELEASE INCLUDES CLAIMS, DAMAGES OR LIABILITES THAT ARISE FROM THE NEGLIGENCE OF THE DIOCESE OF VICTORIA OR ANY ACTS OF THE DIOCESE OF VICTORIA,

Signature: _____

Date: _____