

**ARCHDIOCESE OF MOBILE
PARENTAL/GUARDIAN COVID-19
CONSENT FORM AND LIABILITY WAIVER**

Student(s) name(s): _____

Parent/Guardian's name: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. _____ School will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its school. However, even though such standards will be followed and reasonable measures put into place, _____ School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending _____ School could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by attending and participating in related activities at _____ School and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at _____ School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, _____ School employees, volunteers, and program participants and their families.

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, and hold harmless _____ School and the Archdiocese of Mobile, their members, directors, officers, employees, agents and representatives ("Releasees") associated with the event arising from or in connection with any Health Emergency Claim under Alabama law or the negligent acts or omissions of the Indemnitees ONLY in regard to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE TO THE FOREGOING.

Signature: _____ Date: _____