

Activity Participation Consent And Release Form

By my signature below, I/we consent to _____'s ("Student") participation in activities sponsored by _____ (the "School" which includes all entities affiliated with School, the Diocese of Dallas or Dallas Parochial League.), including educational, athletic and other activities held on the School's premises or held at other venues ("Activities"). I/We represent that I/We have the authority to bind all those I/We reference here.

I/we understand and acknowledge that Student's participation in Activities may expose Student to contact with one or more persons or objects that have been infected with, and/or exposed to, diseases or viruses, including the virus commonly known as COVID-19. I/we understand that, as a result, Student's participation in Activities may expose Student and those with whom he comes in contact to the risk of exposure to or infection with diseases or viruses (such as COVID-19). I/we understand that the potential risks associated with exposure to or infection with the diseases or viruses (such as COVID-19) are not fully known, but may include significant and serious illness, bodily injury, disfigurement, or temporary or permanent disability. I/we understand that school policies or athletic league rules may not mandate universal use of personal protective equipment (such as masks) and that the use of personal protective equipment may not fully protect against or mitigate the risks posed by Student's participation in Activities. I/we understand and agree that information regarding the COVID-19 status of Student and/or individuals that live in the same household as Student will be disclosed by us to the School and School may disclose it to others in the School community, as the School—in its sole discretion—deems necessary.

I/we understand that as a result of Student's participation in Activities, Student may be subject to special rules and regulations promulgated by the School, including, but not limited to, enhanced health screenings, alternative cafeteria schedules, and/or required participation in remote learning settings. Further, I/we understand that the School may, in its sole discretion, cancel any Activities at any time without advanced notice.

Nevertheless, having considered the risks, including those outlined in this Release, I/we consent to Student's participation in Activities. Accordingly, for good and valuable consideration, including without limitation admitting Student to the School and/or allowing Student to continue to participate in Activities, **I HEREBY ASSUME ALL OF THE RISKS OF STUDENT'S PARTICIPATION IN ACTIVITIES, INCLUDING WITHOUT LIMITATION, THE RISK THAT STUDENT MAY BE EXPOSED TO OR BECOME INFECTED WITH DISEASES OR VIRUSES (SUCH AS COVID-19).**

I/WE HEREBY, ON BEHALF OF STUDENT, MYSELF, MY SPOUSE OR OTHER CUSTODIAN OR GUARDIAN OF STUDENT, OUR HEIRS, SUCCESSORS, AND ASSIGNS, AND ALL THOSE CLAIMING BY OR THROUGH US, WAIVE, RELEASE, AND AGREE TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE SCHOOL AND ITS AGENTS, EMPLOYEES, OFFICERS, DIRECTORS, DONORS, VOLUNTEERS, CONSULTANTS, RETAINED PROFESSIONALS, AND AFFILIATES (COLLECTIVELY "INDEMNITEES") FROM AND AGAINST ANY LIABILITY, LOSS, EXPENSE, OR OTHER DAMAGE, INCLUDING PERSONAL INJURIES, PROPERTY

DAMAGE, DEATH, COSTS OF COURT, AND ATTORNEYS' FEES, ARISING FROM OR IN CONNECTION WITH STUDENT'S OR PARENTS' PARTICIPATION IN ACTIVITIES, INCLUDING THOSE WHICH ARISE OR ARE ALLEGED TO ARISE FROM THE NEGLIGENCE OF ANY INDEMNITEE.

Parent Signature:
Parent Printed Name:
Date:
Parent Signature:
Parent Printed Name:
Date:
Student Signature (if age 18 or over):
Date: