

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

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone : _____ Business phone: _____

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. **Holy Spirit Parish** 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 **Parish Youth Group Activity** (including but not limited to summer camp). However, even though such standards will be followed and reasonable measures put into place, **Holy Spirit Parish** cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the **Holy Spirit Parish** activity 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 participating in the **Parish Youth Group Activity** 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 **Holy Spirit Parish** may result from the actions, omissions, or negligence of myself and others, including, but not limited to, **Holy Spirit Parish** employees, volunteers, and program participants and their families.

Considering the foregoing, however, I, _____, grant permission for my child, _____, to participate in this parish activity that may require transportation to a location away from the parish site, notwithstanding the risks associated with the COVID-19 virus and group activities.

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, indemnify, and hold harmless **Holy Spirit Parish** and **The Roman Catholic Church of the Archdiocese of Mobile**, their members, directors, officers, employees, agents and representatives ("Indemnitees") associated with the event arising from or in connection with 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: _____