

**DIOCESE OF BATON ROUGE
COVID-19 CONSENT FORM AND LIABILITY WAIVER**

Name(s) of Child(ren): _____

Birth date(s): _____ Gender(s): _____

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 social distancing is therefore recommended. St. John 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 and activities, including but not limited to summer camp and summer workouts (each, an "Activity"). However, even though such standards will be followed, and reasonable measures are now in place, St. John School cannot guarantee that your child(ren) or you will not become infected with COVID-19. Further, your child(ren)'s attendance at school or an activity could increase his/her/their risk, and yours, of directly or indirectly contracting COVID-19.

By signing this COVID-19 Consent Form and Liability Waiver ("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 his/her/their participation in an Activity and that such exposure or infection may result in personal injury, illness, permanent disability, and even death ("Injury"). I understand that the risk of becoming exposed to or infected by COVID-19 at school or an activity may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, Parish/School employees, volunteers, and participants in an Activity and their families.

Considering the foregoing, however, I, _____, grant permission for my child(ren) named above to attend school and activities, which may require transportation to a location away from the St. John School site, notwithstanding the risks associated with the COVID-19 virus and group activities.

I confirm that no changes are required to the Medical Information Consent form for my child(ren) that I previously submitted. If any changes to it become necessary, I will promptly complete and deliver another Medical Information Consent form to St. John School to replace it.

I further agree on behalf of myself, my child(ren) named herein, and my spouse (if any), my/our heirs, successors and assigns, to release, indemnify and hold harmless St. John School and The Roman Catholic Church of the Diocese of Baton Rouge, its/their members, directors, officers, employees, agents and representatives ("Indemnitees"), from all claims related to an Injury associated with an Activity and arising from or in connection with the negligent acts or omissions of the Indemnitees, but ONLY in regard to the prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE TO THE FOREGOING.

Parent Signature: _____ Date: _____, 2020

Print Name: _____