

CATHOLIC DIOCESE OF JACKSON

**CONSENT FORM AND LIABILITY WAIVER
FAITH FORMATION - COVID-19**

STUDENT: _____ **PARISH:** _____

LEGAL PARENTS/GUARDIANS: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic and is extremely contagious. As a result, in order to resume school activities, social distancing and other essential safety measures outlined by the “Guidelines for Schools” at *Immaculate Heart of Mary Parish* have been established. The Parish has put in place reasonable preventative measures and standards of behavior to reduce the spread of COVID-19. Even with implementation of safety protocols the Parish cannot guarantee that you or your child(ren) will not become infected with COVID-19 and participation in School activities could increase the risk of contracting COVID-19.

In consideration of the above statements, I/we as parent(s)/guardian(s) request that my/our child be permitted to enroll and participate in School activities. By signing this agreement, I/we acknowledge the contagious nature of COVID-19 and that my/our child(ren) and I/we may be exposed to or infected by COVID-19 by participating in the School activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I/we understand that the risk of becoming exposed to or infected by COVID-19 at the above-named School may result from the actions, omissions, or negligence of myself/ourselves and others, including, but not limited to School employees, volunteers, and program participants and their families.

I/we confirm that a current Medical Information Form for my/our child is on file at the Parish, and I/we will update it if necessary and resubmit it with changes. I/we further agree on behalf of myself/ourselves, my/our child (student) named herein, and my/our heirs, successors, and assigns, to release, defend, indemnify, and hold harmless the named Parish (and associated parishes), canonical administrator(s), and the Catholic Diocese of Jackson, their priests, bishops, 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.

Legal Parent/Guardian Signature: _____

Date: _____

Legal Parent/Guardian Signature: _____

Date: _____