

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

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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. Michael High School (“**Parish/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 Parish/School 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, Parish/School cannot guarantee that your child(ren) or you will not become infected with COVID-19. Further, your child(ren)’s attendance at 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 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 participate in the following Activity, which may require transportation to a location away from the Parish/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 the Parish/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 the Parish/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: \_\_\_\_\_