

Novel Coronavirus Acknowledgement & Assumption of Risk
St. Anne's Catholic School

I acknowledge and understand, the novel coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization. Further, that COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. I also acknowledge that federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people.

I agree, represent and warrant that neither the undersigned, nor any registered participant child(ren) shall visit or utilize the facilities, programs, activities, or services of St. Anne's within 14 days after (1) returning from outside the United States, (2) exposure to any person returning from outside the United States, or (3) exposure to any person who has a suspected or confirmed case of COVID-19.

I hereby agree, represent and warrant that neither the undersigned nor any registered participant child(ren) shall visit or utilize the facilities, programs, activities, or services of St. Anne's if he or she (1) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (2) has suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify St. Anne's immediately if any of the foregoing access or use restrictions may apply.

St. Anne's has put in place preventative measures to reduce the spread of COVID-19. I agree to comply with measures that St. Anne's may require to best protect against the introduction of viruses at St. Anne's, including, but not limited to, hygiene practices and temperature screening, related to myself and/or my child(ren). St. Anne's cannot guarantee that my child(ren) will not become infected with COVID-19. I understand and agree that attending St. Anne's could increase my risk and my child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in programs of or attending St. Anne's 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 St. Anne's may result from the actions, omissions, or negligence of myself and others, including, but not limited to, St. Anne's employees, volunteers, and program participants and their families.

Parent/Guardian Signature

Date: _____

Parent/Guardian Name (printed) _____

Child(ren) Full Name(s)