Assumption of Risk and Waiver of Liability Relating to COVID-19 (Family, Parents, Children, or Volunteers)

The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and have, in some locations, prohibited the congregation of groups of people.

	(NAME OF PARISH/MINISTRY) has put in place
(and/or your child(ren) (specifically named Furthermore, participation or attendance at functions, or gatherings of any kind spons	d of COVID-19; however, we cannot guarantee that you herein below) will not become infected with COVID-19. meetings, camps, retreats, events, activities, programs, ored by
By signing this agreement, I	D-19 and voluntarily assume the risk that I (and/or my COVID-19 by my participation or attendance at meetings, unctions, or gatherings of any kind, and that such exposure rsonal injury, permanent disability, and death. I understand ted with COVID-19 may result from the actions, inactions, including but not limited to, clergy, teachers, employees,
infection, illness, sickness, damage, loss, expeto, personal injury, disability, and death) (h	
hold harmless	en), I hereby release, covenant not to sue, discharge, and (NAME OF PARISH/MINISTRY), William A. allahassee, the Diocese of Pensacola-Tallahassee, and all of res, agents, clergy, teachers, employees, staff, coaches, and I from all Claims, including all liabilities, actions, damages, f or relating thereto. I understand and agree that this es any Claims based on the actions, inactions, omissions, or 9 infection occurs before, during, or after my participation es, programs, functions, or gatherings of any kind sponsored (NAME OF PARISH/MINISTRY).
	Relating to COVID-19 is applicable to me and/or my
(FULL NAME AND DATE OF BIRTH)	
Signature of Parent/Guardian/Volunteer	(Date)
Print Name	September 2022