## Appendix D

## ARCHDIOCESE OF NEW ORLEANS PARENTAL/GUARDIAN COVID-19 CONSENT FORM AND LIABILITY WAIVER

Participant's name:	
Birth date:	Sex:
Parent/Guardian's name:	
Home address:	
Home phone:	Business phone:
Organization. COVID-19 is extremagned Parish/Schaplace reasonable preventative mean (including but not limited to summand reasonable measures put into part of the preventation of the pre	9, has been declared a worldwide pandemic by the World Health mely contagious and as a result, social distancing is recommended, ool will follow state and local standards of conduct and has put in sures to reduce the spread of COVID-19 at its Parish/School activity ner camp). However, even though such standards will be followed blace, Parish/School cannot guarantee that you or your child(ren) will 19. Further, attending the Parish/School activity could increase your ontracting COVID-19.
and I may be exposed to or infect that such exposure or infection ma understand that the risk of becomin Parish/School may result from the	owledge the contagious nature of COVID-19 and that my child(ren) and the covid of the covid of the participating in the parish/school activity and any result in personal injury, illness, permanent disability, and death. In the covid of the
Considering the foregoing, howe child,, to particular location away from the parish site group activities.	ever, I,, grant permission for my articipate in this parish activity that may require transportation to a , notwithstanding the risks associated with the COVID-19 virus and
I confirm that there are no necess that I previously submitted. If t Information Consent form.	ary changes to the Medical Information Consent form for my child here are any necessary changes, I will complete another Medical
Archdiocese of New Orleans, representatives ("indemnitees") the negligent acts or omissions	myself, my child named herein, and my spouse, our heirs, to release, indemnify, hold harmless, and defend Parish/School and The Roman Catholic Church of the their members, directors, officers, employees, agents and associated with the event arising from or in connection with of the indemnitees' in relation to prevention of the spread of ECIFICALLY ACKNOWLEDGE AND AGREE TO THE
Signature:	Date: