

## **Novel Coronavirus Acknowledgement & Waiver**

I agree, represent and warrant that I, as the undersigned and registered participant, shall not visit or participate in the activities of the \_\_\_\_\_ within 14 days after (1) returning from outside the United States or areas within the United States designated as hot spots as determined by the CDC and the State of Ohio, (2) exposure to any person returning from outside the United States, or areas within the United States designated as hot spots as determined by the CDC and the State of Ohio, (3) exposure to any person who has a suspected or confirmed case of COVID-19; OR if I (1) experiences symptoms of COVID-19, including without limitation, fever, cough or shortness of breath, or (2) has a suspected or diagnosed/confirmed case of COVID-19. I, as the undersigned agree to notify \_\_\_\_\_ (or their immediate assistant) immediately if any of the foregoing access/use restrictions may apply. The foregoing does not apply to anyone who is employed in health care settings and wear medically protective equipment.

The \_\_\_\_\_ and \_\_\_\_\_ have, or may put in place, preventative measures to reduce the spread of COVID-19. I agree to comply with measures that may be required to best protect against the introduction of viruses at the parishes, including, but not limited to hygiene practices and temperature screening, completion of a daily screening form, social distancing, and the use of personal protective equipment such as masks and/or gloves. However, I understand that the \_\_\_\_\_ and \_\_\_\_\_ cannot guarantee that I or others attending will not become infected with COVID-19. Further, attending the \_\_\_\_\_ may or may not increase my risk and risk of others of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I could possibly be exposed to or infected by COVID-19, by participating in the \_\_\_\_\_, 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 the \_\_\_\_\_ and/or \_\_\_\_\_ may result from the actions, omissions, or negligence of myself and others, including but not limited to, employees and volunteers of the \_\_\_\_\_, or participating parishes, in addition to other program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself, including but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability or expense, of any kind, that I may experience or incur in connection with my attendance at \_\_\_\_\_. I hereby release, covenant not to sue, discharge and hold harmless Bishop Robert Brennan, the Diocese of Columbus, the \_\_\_\_\_, all participating Catholic diocesan parishes, schools and their employees, volunteers, agents, and representatives of and from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of any of the foregoing persons or entities, its employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during or after participation in \_\_\_\_\_ or any activity.

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Signature

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Date

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Name Printed