

**ARCHDIOCESE OF NEW ORLEANS
PARENTAL/GUARDIAN COVID-19
CONSENT FORM AND LIABILITY WAIVER
FOR CHILD CARE**

Participant's name: _____

Birth date: _____ Sex: _____

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 as a result, social distancing is recommended.

_____ Child Care will endeavor to at all times reasonably and to the best of its ability 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 activity (including but not limited to summer camp). However, even though such standards will be reasonably followed and reasonable measures put into place, _____ Child Care cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, you understand and acknowledge that attending the _____ Child Care could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this 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 participating in _____ Child Care 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 _____ Parish/School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Parish/School employees, volunteers, and program participants and their families.

Considering the foregoing, however, I, _____, grant permission for my child, _____, to participate in _____ Child Care, notwithstanding the risks associated with the COVID-19 virus and group activities.

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, and hold harmless _____, as owner and operator of _____ Child Care and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives (collectively "Indemnitees") associated with any event arising from, or in any way related to, any negligent act(s) or omission(s) of any Indemnatee only in regard to to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE TO THE FOREGOING.

Signature: _____ Date: _____