

Activity Participation Consent And Release Form

By my signature below, I/we consent to _____'s ("Student") participation in activities sponsored by Saint Paul Catholic Classical School (the "School")'s, including activities held on the School's premises and activities held at other venues. I/we understand and acknowledge that Student's participation in school-sponsored activities may expose Student to contact with one or more persons or objects that have been infected with, and/or exposed to, diseases or viruses, including the virus commonly known as COVID-19. I/we understand that, as a result, Student's participation in school-sponsored activities may expose Student to the risk of exposure to or infection with diseases or viruses (such as COVID-19). I/we understand that the potential risks associated with exposure to or infection with the diseases or viruses (such as COVID-19) are not fully known, but may include significant and serious illness, bodily injury, disfigurement, or temporary or permanent disability. I/we understand that the use of personal protective equipment may not fully protect against or mitigate the risks posed by Student's participation in school-sponsored activities. I/we understand and agree that information regarding the COVID-19 status of Student and/or individuals that live in the same household as Student may be disclosed to others in the School community, as the School—in its sole discretion—deems necessary.

Nevertheless, having considered the risks, including those outlined in this Release, I/we consent to Student's participation in school-sponsored activities. Accordingly, for good and valuable consideration, including without limitation admitting Student to the School and allowing Student to participate in school-sponsored activities, **I HEREBY ASSUME ALL OF THE RISKS OF STUDENT'S PARTICIPATION IN SCHOOL-SPONSORED ACTIVITIES, INCLUDING WITHOUT LIMITATION, THE RISK THAT STUDENT MAY BE EXPOSED TO OR BECOME INFECTED WITH DISEASES OR VIRUSES (SUCH AS COVID-19). I/WE HEREBY, FOR MYSELF AND MY HEIRS, SUCCESSORS, AND ASSIGNS, AND ALL THOSE CLAIMING BY OR THROUGH ME, WAIVE, RELEASE, AND AGREE TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE SCHOOL AND ITS AGENTS, EMPLOYEES, OFFICERS, DIRECTORS, DONORS, AND AFFILIATES (COLLECTIVELY "INDEMNITEES") FROM AND AGAINST ANY LIABILITY, LOSS, EXPENSE, OR OTHER DAMAGE, INCLUDING PERSONAL INJURIES, PROPERTY DAMAGE, DEATH, COSTS OF COURT, AND ATTORNEYS' FEES, ARISING FROM OR IN CONNECTION WITH STUDENT'S PARTICIPATION IN SCHOOL-SPONSORED ACTIVITIES, INCLUDING THOSE WHICH ARISE OR ARE ALLEGED TO ARISE FROM THE NEGLIGENCE OF ANY INDEMNITEE.**

Parent Signature:
Parent Printed Name:
Date:
Parent Signature:
Parent Printed Name:
Date:
Student Signature (if age 18 or over):
Date: