

**Office of Adolescent Catechesis and Evangelization (OACE)
Extreme Challenge Games**

COVID-19

ADULT CONSENT AND LIABILITY WAIVER

The virus that causes COVID-19 can infect people of all ages. Persons of ALL AGES can be infected with COVID-19 and some will develop a severe illness.

Anyone with a mild or asymptomatic case of COVID-19 can spread the infection to others, including those who may be far more vulnerable.

Precautions will be taken at the OACE Extreme Challenge Games however, some of the protective measures that we can expect are, for a variety of reasons, simply not practicable for some, particularly children.

COVID-19 is easily spread from person to person by coughing, sneezing, speaking, and even breathing. A group of people may not maintain social distancing and other safeguards.

Adults should monitor their health and NOT attend the OACE Extreme Challenge Games if they are displaying any symptom of COVID-19.

Name: _____

Home Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Sponsoring Parish/School: _____

I acknowledge that I am aware of the COVID-19 virus and I acknowledge that I may be exposed to the virus while attending the OACE Extreme Challenge Games. I agree I will not attend the OACE Extreme Challenge Games if I display any symptoms of COVID-19 or have been exposed to anyone with COVID-19. I will notify the OACE staff immediately if I am exposed or develop symptoms. I agree to comply with rules and directives of the event. I understand that the OACE Extreme Challenge will include group activities, and a meal served in a group setting.

IN CONSIDERATION OF BEING ABLE TO ATTEND OACE EXTREME CHALLENGE GAMES I AGREE ON BEHALF OF MYSELF, OR MY HEIRS, SUCCESSORS, AND ASSIGNS, TO HOLD HARMLESS, RELEASE AND DEFEND THE ARCHDIOCESE OF GALVESTON-HOUSTON, THE SPONSORING PARISH/SCHOOL, AND THEIR EMPLOYEES, OFFICERS, VOLUNTEERS, AGENTS, OR REPRESENTATIVES FROM ANY CLAIMS, DAMAGES OR LIABILITIES ARISING FROM COVID-19 IN CONNECTION WITH MY ATTENDANCE AT THE AYC, INCLUDING ANY COVID-19-RELATED ILLNESS OR INJURY OR COSTS OF MEDICAL TREATMENT FOR COVID-19.

Signature: _____

Date: _____