

**DIOCESE OF SPOKANE**  
**COVID-19 Acknowledgement of Risk and Consent Form**  
**for PARENTS AND STUDENTS**

1. The novel coronavirus (“COVID-19”) is a disease that includes several symptoms according to the Centers for Disease Control (“CDC”), such as fever or chills, cough, shortness of breath, nausea, and can lead to death. Currently, no vaccine has been developed for COVID-19. COVID-19 is contagious and means that contact with others, even those who are asymptomatic, or contact with surfaces that have been exposed to the virus, can lead to infection.
2. Aware of the foregoing, I acknowledge and agree to the following terms as a condition of entering the property of St. Mary Catholic School, Spokane Valley, WA.
3. I understand and acknowledge the Commonwealth of Washington’s emergency orders, the Reopening SPOKANE DOH guidance, and the CDC guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, state and federal orders and guidance are regularly modified and updated. I accept full responsibility to familiarize myself with the most recent updates and complying with same at all times while on St. Mary Catholic School property.
4. St. Mary Catholic School is dedicated to providing a safe community to its faculty, staff, students, and visitors. However, I understand that it is impossible for the School to prevent all risk of infection. I acknowledge that the School has done its best to comply with recommended CDC, Department of Health, federal, state and local guidelines and implement preventative measures to reduce the spread of COVID-19; however, St. Mary Catholic School cannot guarantee that I will not become infected with COVID-19.
5. I understand that St. Mary Catholic School has put in place new policies and protocols (such as mandatory wearing of masks) to mitigate the spread of COVID-19. I have read and agree to abide by St. Mary Catholic School’s policies and protocols for COVID-19 at all times while on St. Mary Catholic School property.
6. By signing this agreement, I acknowledge the contagious nature of COVID-19, that it can be difficult to identify in another, and the inherent risk of exposure while I am servicing those who may be infected with COVID-19. I acknowledge the risk that I may be exposed to or infected by COVID-19 by my presence on the property or in service of St. Mary Catholic School and that this exposure or infection may result in personal injury, illness, permanent disability, and/or death.
7. I understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19. I understand that the risk of becoming exposed to or infected by COVID-19 at the School may result from the actions, omission, or negligence of myself and others, including but not limited to, school administrators, employees, visitors, contractors, volunteers, and students. I acknowledge that St. Mary Catholic School is a private campus, which can prevent visitors

from coming inside the school, but cannot stop them from coming onto the campus. I recognize that the school cannot limit all potential sources of COVID-19 infection. I acknowledge that I have asked for and/or been given any information that I may need to determine the risks associated with returning to school premises and to make an informed decision of those risks.

8. I understand and consent to submit and comply with any testing, health monitoring and contact tracing protocols that St. Mary Catholic School has determined are prudent to maintain a safe campus environment; and as recommended guidance from the local DOH. I understand that St. Mary Catholic School will take reasonable measures to ensure the confidential and private nature of the testing and health monitoring information it may obtain from students and employees. However, I understand and agree that St. Mary Catholic School may share my COVID-19-related information with certain employees and/or public health officials with a legitimate need to know this information.

I HAVE READ THIS FORM BEFORE SIGNING IT AND AGREE TO BE BOUND BY ITS TERMS.

Parent/Legal Guardian Name(if student is a minor): \_\_\_\_\_

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Principal Name: Ben Walker

Principal Signature: \_\_\_\_\_