

St. Ignatius of Loyola

Name of Parish

Faith Formation / Youth Ministry Program

COVID-19

PARENTAL/GUARDIAN CONSENT FORM 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. Even a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others, including those who may be far more vulnerable.

COVID-19 is easily spread from person to person by coughing, sneezing, speaking, and even breathing. Parents and Guardians should monitor the health of their child and NOT send their child to the program if they are displaying any symptom of COVID-19.

Child's name: _____ Child's Date of Birth: _____

Parent or Guardian's name (print): _____

Home Address: _____

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

I, _____, grant permission for my child, _____
Parent or Guardian's name Child's name

to participate in the St. Ignatius of Loyola Faith Formation / Youth Ministry. This activity will take place under the
Name of Parish
guidance and direction of St. Ignatius of Loyola employees and/or volunteers.
Name of Parish

As parent and/or legal guardian of the child I acknowledge that I am aware of the COVID-19 virus and I acknowledge that my child may be exposed to the virus while attending the Faith Formation / Youth Ministry Program ("Program"). I agree I will not take my child to the Program if my child displays any symptoms of COVID-19 or has been exposed to anyone with COVID-19. I will notify the Program immediately if my child is exposed or develops symptoms. I agree to comply with rules and directives of the Program.

IN CONSIDERATION OF MY CHILD BEING ABLE TO ATTEND THE PROGRAM I AGREE ON BEHALF OF MYSELF, MY CHILD NAMED HEREIN, OR OUR HEIRS, SUCCESSORS, AND ASSIGNS, TO HOLD HARMLESS, RELEASE AND DEFEND THE ARCHDIOCESE OF GALVESTON-HOUSTON AND THE PARISH NAMED ABOVE AND THEIR EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, OR REPRESENTATIVES FROM ANY COVID 19 CLAIMS, DAMAGES OR LIABILITIES ARISING FROM OR IN CONNECTION WITH MY CHILD'S ATTENDANCE AT THE PROGRAM INCLUDING ANY COVID 19 ILLNESS OR INJURY OR COSTS OF MEDICAL TREATMENT, BUT NOT FROM THE NEGLIGENCE OF THE INDEMNIFIED PARTIES.

Signature: _____ Date: _____

Please sign, scan and email this form to the Formation Office at gavila@silcc.org