

**General Coronavirus Acknowledgement of Risk**

I agree, represent and warrant that neither the undersigned, nor my child(ren) shall visit or participate in the activities of the Diocese of Columbus or at any parish within 14 days after (1) returning from outside the United States, (2) exposure to any person returning from outside the United States, or (3) exposure to any person who has a suspected or confirmed case of COVID-19; OR if he or she (1) experiences symptoms of COVID-19, including without limitation, fever, cough or shortness of breath, or (2) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify the Program Administrator (or their immediate assistant) immediately if any of the foregoing access/use restrictions may apply.

The Diocese of Columbus and the diocesan parishes or their affiliates have or may put in place preventative measures to reduce the spread of COVID-19. I agree to comply with measures that may be required to best protect against the introduction of viruses at the parishes, including, but not limited to hygiene practices and temperature screening, completion of a daily screening form, social distancing, and the use of personal protective equipment such as masks and/or gloves. However, the Diocese of Columbus, its parishes or affiliates cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Diocese of Columbus, parish or affiliated function may or may not 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 voluntarily assume the risk that my child(ren) and I could possibly be exposed to or infected by COVID-19, by participating in this function, 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 an event of the Diocese of Columbus or at the parishes may result from the actions, omissions, or negligence of myself and others, including but not limited to, employees and volunteers of the Diocese of Columbus or parishes, in addition to other participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself, including but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Diocesan or parish events. On my behalf, and on behalf of my children,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name Printed

\_\_\_\_\_  
Child(ren) Name(s)