

**REQUIRED AGREEMENT
FOR CATHOLIC DIOCESE OF ARLINGTON FAITH FORMATION STUDENTS**

STUDENT NAME(S): _____

PARISH NAME: _____

PARENT/LEGAL GUARDIAN NAME IF STUDENT IS A MINOR: _____

Assumption of Risk

The novel coronavirus and its variants that cause COVID-19 have resulted in a worldwide pandemic and are contagious. In order to continue in-person faith formation, the parish named above ("Parish") has established essential health and safety measures. The Parish has put in place precautionary measures and standards of behavior to reduce the likelihood of spread of COVID-19 in faith formation activities. These measures and standards may be updated during the academic year.

Even with implementation of these health and safety protocols, however, the Parish and the Catholic Diocese of Arlington cannot guarantee that you or your child(ren) will not become infected with COVID-19. Attendance at the Parish and participation in faith formation activities could increase your risk and/or your child(ren)'s risk of contracting COVID-19. Any interaction with others may result in exposure to, and illness from, communicable diseases including COVID-19.

I understand that my family has choices for completing faith formation. whether at home or in another manner. By enrolling my child(ren) for in-person attendance at the Parish, I give my informed consent for me or my child(ren) to participate and assume responsibility for the above-noted risks.

I willingly agree that my child(ren) and I will comply with the health and safety protocols established by the Parish, including any future modifications to those protocols, and will take all reasonable and necessary additional precautions to protect against communicable diseases while on Parish premises, not only for our own benefit but for the benefit of others with whom we may come into contact. We agree that if we observe any objects, practices or procedures we believe to be hazardous while on Parish premises, we will remove ourselves from the location of such hazard and bring it to the attention of the Parish administration immediately.

Liability Waiver

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and/or I may be exposed to or infected by COVID-19 by participating in in-person faith formation activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at the above-named Parish may result from the actions, omissions, or negligence of myself, my child(ren) or others, including, but not limited to Diocesan or Parish administrators, employees, volunteers, and other students/program participants and their families.

I further agree on behalf of myself and/or my child(ren) named herein, and our respective heirs, successors, and assigns, fully and forever to release, defend, indemnify, and hold harmless the Catholic Diocese of Arlington, the Parish, their clergy, administrators, employees, agents, members and volunteers

("Indemnitees") from any and all claims, damages, demands, and causes of action, present or future, known or unknown, anticipated or unanticipated, in any way related to exposure to COVID-19 while participating in faith formation activities, including but not limited to any claims of negligent exposure. This includes claims that arise from my own and others' acts, actions, activities and/or omissions, excepting only those which arise solely from the gross negligence, recklessness or intentional torts of Indemnitees, and those which are both (a) not asserted by our child or family or any member thereof, and (b) not alleged to arise from our acts or omissions. With respect to claims alleged to arise from our acts or omissions, our agreement to defend, indemnify and hold harmless the Indemnitees shall be effective only in the event that I, my child, or a member of our family is determined to be liable for such acts or omissions under applicable law, or by agreement. I will defend and indemnify Indemnitees with respect to any released claim, including but not limited to damages, costs and attorney's fees.

Responsibility for Health Screening

By execution of this Statement, I affirm that my or my child(ren)'s presence at the Parish on any day constitutes an affirmative representation on my part that I/we have performed all health screening steps required by the Parish for attendance or participation in faith formation activities.

I understand that on any day when my child(ren) does not pass the required health screening (which may include questions relating to other members of the household as well as my child(ren)), I and/or my child(ren) are not permitted to participate in in-person faith formation activities.

Need to Inform and Quarantine

I understand, in the event that I/my child is suspected or confirmed positive with COVID-19 or has come in close contact with a person suspected or confirmed positive with COVID-19, I/my child will need to follow the CDC's guidance for isolation or quarantine as appropriate. Information is available at www.cdc.gov. I agree to inform the Parish administration as soon as possible, but no later than one (1) business day, after learning of my/my child's suspected or confirmed positive case of COVID-19 and/or the need to quarantine due to close contact with a person suspected or confirmed positive for COVID-19. I understand that I/my child may not return to in-person faith formation activities until approved by the pastor or his designee. Approval will be based on confirmation that the CDC's criteria to discontinue home isolation or quarantine has been met.

Authorization and Informed Consent

I hereby authorize the Parish to enforce such other reasonable measures and directives as may be deemed necessary by the Bishop of the Diocese of Arlington, its Office of Faith Formation, or the Parish leadership.

By execution of this Agreement, I understand and agree to the foregoing terms and conditions.

Student Signature (if 18 or older): _____

Parent/Legal Guardian Signature: _____

Date: _____