

DIOCESE OF CHARLESTON

STATEMENT OF UNDERSTANDING,
CONSENT FORM AND LIABILITY WAIVER FOR STUDENTS

STUDENT: _____

SCHOOL: _____

LEGAL GUARDIANS: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic and is extremely contagious. As a result, in order to resume school activities, social distancing and other essential safety measures at the Catholic School named above ("School") have been established. The School has put in place reasonable preventative measures and standards of behavior to reduce the spread of COVID-19 at the School and its associated activities. Even with implementation of safety protocols, the School cannot guarantee that you or your child will not become infected with COVID-19. Attendance at School and/or participation in associated activities could increase your risk and/or your child's risk of contracting COVID-19.

By signing this agreement, I/we acknowledge the contagious nature of the novel coronavirus and that my/our child and I/we may be exposed to or infected by COVID-19 by attending and/or working at school, and/or by participating in school activities, and that such exposure or infection may result in serious illness or, in rare cases, even death. I/we understand that the risk of becoming exposed to or infected by COVID-19 at the above named School may result from the actions, omissions, or negligence of myself/ourselves and others, including, but not limited to School employees, volunteers, and program participants and their families.

I/we further agree on behalf of myself/ourselves, my/our child (student) named herein, and my/our heirs, successors, and assigns, to absolutely release, defend, indemnify, and hold harmless the named School (and associated parishes), principals, teachers, employees of the office of the Diocesan Superintendent of Catholic Schools, canonical administrator(s), and the Catholic Diocese of Charleston, their priests, bishops, members, directors, officers, employees, attorneys, agents and representatives ("Indemnitees") associated with the School and arising from or in connection with any alleged negligent acts or omissions of the Indemnitees, from any and all claims and causes of action in any way related to attendance or working at the School, including but not limited to any claims of negligent exposure.

By execution of this Statement, I affirm that I have read the following questions:

1. Have you or anyone in your household had a fever as defined by the CDC (100.4 or higher) during the past 24 hours?
2. Have you or anyone in your household had a new or unexpected cough during the past 7 days?
3. Have you or anyone in your household been around anyone exhibiting these symptoms within the past 14 days?

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4. Are you living with anyone who has been sick, has exhibited symptoms of COVID-19, or is currently under quarantine for exposure to COVID-19?

By execution of this Statement, I affirm that I have read the foregoing questions, and, on my child's behalf, affirm that my answer is "No" to each of the foregoing questions. I understand that if my answer to any of the foregoing questions on any given school day is "Yes," my child is not permitted to attend School.

I understand that, in the event my child develops symptoms or suspected symptoms of COVID-19, I will be contacted by School staff and I will make immediate preparations to have my child picked up from School. In the event of a medical emergency, I authorize the School and School staff to call 911 and have my child transported to a hospital or healthcare facility. I further understand and affirm that the School and School staff have discretion to determine whether a student is ill, or potentially contagious, and whether it is in the best interests of the student, student body, teachers, and School staff, to mandate that a child/student be picked up from school at the time of that determination.

I further understand that, in the event that my child contracts COVID-19 or becomes exposed to someone with COVID-19, my child will need to be quarantined as directed by the Centers for Disease Control and Prevention ("CDC").¹ (This information is available upon request.)

I understand that staff members and students may not return to School until they have met the CDC's criteria to discontinue home isolation.

I understand and hereby authorize the School to enforce such other reasonable measures and directives as may be deemed necessary by the Bishop of the Diocese of Charleston, Robert E. Guglielmone, Superintendent William H. Ryan, or by the Principal of the School. I further understand that, in the event that it becomes necessary that classes should be administered via distance learning, I will not be entitled to a refund of any of my tuition fees.

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

Legal Parent/Guardian Signature: _____
Date: _____

Legal Parent/Guardian Signature: _____
Date: _____

¹ The following criteria and information are taken from the Centers for Disease Control and Prevention ("CDC"). The following does not constitute medical or legal advice for any particular student or staff member, and for guidance on any individual case, a student or staff member is encouraged to contact their medical provider. See, <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>.