

DEPARTMENT of CATHOLIC EDUCATION

Office of Youth Ministry

2170 E. Victory Drive

Savannah, GA 31404

912-201-4057

CatholicEducationGA.org

STATEMENT OF UNDERSTANDING, CONSENT FORM AND LIABILITY WAIVER FOR STUDENTS

PARTICIPANT(S): _____

GROUP/ACTIVITY: _____

LEGAL PARENTS/GUARDIANS: _____

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

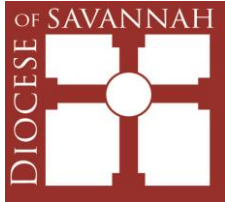
By signing this agreement, I/we acknowledge the contagious nature of COVID-19 and that my/our child(ren) and I/we may be exposed to or infected by COVID-19 by attending and/or working at and/or by participating in the Activity, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I/we understand that the risk of becoming exposed to or infected by COVID-19 at the Activity may result from the actions, omissions, or negligence of myself/ourselves and others, including, but not limited to Diocesan and parish/school employees, volunteers, and 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 Activity and Diocese of Savannah parishes, parish employees and volunteers, principals, teachers, superintendent of education, canonical administrator(s), and the Catholic Diocese of Savannah, Georgia, and its priests, bishops, members, directors, officers, employees, attorneys, agents and representatives ("Indemnitees") 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 Activity, including but not limited to any claims of negligent exposure.

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

In accomplishing the Church's fundamental mission to build the body of Christ through the catechesis of children, the **DEPARTMENT OF CATHOLIC EDUCATION** – the *Office of Catholic Schools*, the *Office of Catechesis for Children*, and the *Office of Youth Ministry*, commits expertise, time and energy to provide systemic standards for leadership, support, and service to those who live the mission to prepare hearts, educate minds, reveal Christ and cultivate the Roman Catholic tradition.

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1. Have you had a fever as defined by the Georgia Department of Health during the past 24 hours?
2. Have you had a new or unexpected cough during the past 7 days?
3. Have you exhibited any of the number of symptoms published by the Georgia Department of Health as consistent with a COVID-19 diagnosis?
4. Have you been around anyone exhibiting these symptoms within the past 14 days?
5. 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?
6. Have you travelled to any geographic location known to have a high level of COVID-19 cases – also known as a “hot spot” in the last 14 days?

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 the Activity.

I understand that, in the event my child develops symptoms or suspected symptoms of COVID-19, I will be contacted by staff and I will make immediate preparations to have my child picked up from the Activity. In the event of a medical emergency, I authorize staff to call 9-1-1 and have my child transported to a hospital or healthcare facility. I further understand and affirm that the staff have discretion to determine whether a student is ill, or potentially contagious, and whether it is in the Activity's best interests and that of other participants to mandate that a child/student be picked up from the Activity at the time of that determination and to not return until the student has been cleared by a medical doctor to do so.

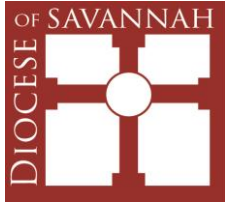
I further understand that, in the event that my child contracts COVID-19 or becomes exposed to someone with COVID-19, my child will need to be quarantined as directed by the Centers for Disease Control and Prevention ("CDC").

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

- A. If a sick staff member or student suspects or knows they had COVID-19, and had symptoms, they may return to School after:
 1. 3 days with no fever and
 2. Symptoms improved and
 3. 10 days since symptoms first appeared
 4. A negative COVID-19 test report or a doctor's note of release

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Depending on a healthcare provider's advice and availability of testing, they might get tested to see if they still have COVID-19. If tested, they may return to the Activity when they have no fever, symptoms have improved, and they receive two negative test results in a row, at least 24 hours apart.

- B. If a sick staff member or student tested positive for COVID-19 but had no symptoms, and continue to have no symptoms, that sick staff member or student may return to the Activity after:
1. 10 days have passed since test

Depending on a healthcare provider's advice and availability of testing, they might get tested to see if they still have COVID-19. If tested, they may return to the Activity after they receive two negative test results in a row, at least 24 hours apart.

If a staff member or student has a weakened immune system (immunocompromised) due to a health condition or medication, additional precautions may need to be taken. People with conditions that weaken their immune system might need to stay home longer than 10 days. Students and Staff Members are encouraged to contact their personal healthcare provider for more information. If testing is available, it may be recommended by a healthcare provider. A student or staff member may return to the Activity after they receive two negative test results in a row, at least 24 hours apart.

If testing is not available in the area, the student or staff member's doctor should work with an infectious disease expert at the local health department to determine if they are likely to spread COVID-19 to others and need to stay home longer.

- C. For Anyone Who Has Been Around a Person with COVID-19

I understand that anyone who has close contact with someone with COVID-19 may not return to the Activity for 14 days after exposure based on guidance available from the CDC.

I understand and hereby authorize the Activity and/or Diocese of Savannah to enforce such other reasonable measures and directives as may be deemed necessary by the Bishop of the Diocese of Savannah, Georgia, by the Department of Catholic Education of the Diocese of Savannah, Georgia or by such other authorized representative.

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

Legal Parent/Guardian Name: _____ Date: _____

Legal Parent/Guardian Signature: _____ Date: _____

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