

## DEPARTMENT of CATHOLIC EDUCATION

Office of Youth Ministry

2170 E. Victory Drive

Savannah, GA 31404

912-201-4057

[CatholicEducationGA.org](http://CatholicEducationGA.org)

### STATEMENT OF UNDERSTANDING, CONSENT FORM AND LIABILITY WAIVER FOR STAFF

NAME OF STAFF MEMBER: \_\_\_\_\_

NAME OF GROUP/ACTIVITY: \_\_\_\_\_

COVID-19, has been declared a worldwide pandemic and is extremely contagious. As a result, in order to resume the Group and/or Activity named above (“Activity”), social distancing and other essential safety measures have been established. The Activity has put in place reasonable preventative measures and standards of behavior to reduce the spread of COVID-19 at Activity related functions and events. Even with implementation of safety protocols, it cannot be guaranteed that you will not become infected with COVID-19 and attendance at the Activity and/or participation in the Activity could increase your risk of contracting COVID-19.

By signing this agreement, I/we acknowledge the contagious nature of COVID-19 and that I/we may be exposed to or infected by COVID-19 by attending and/or working at Activity, and/or by participating in Activity-related functions, 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 above named Activity may result from the actions, omissions, or negligence of myself/ourselves and others, including, but not limited to Diocesan or parish/school employees, volunteers, and program participants and their families.

I/we further agree on behalf of myself, and my heirs, successors, and assigns, to absolutely release, defend, indemnify, and hold harmless the named Activity (and associated parishes), parish employees and volunteers, principals, teachers, diocesan superintendent of education, canonical administrator(s), and the Catholic Diocese of Savannah, its priests, bishops, members, directors, officers, employees, attorneys, agents and representatives ("Indemnitees") associated with the Activity 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 Activity, including but not limited to any claims of negligent exposure.

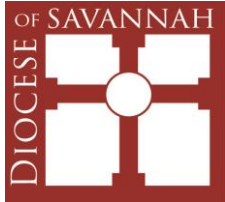
By execution of this Statement, I affirm that I have read the following questions:

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?

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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.

**Diocese of Savannah Catholic Education...Powering Potential!**



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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, 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 day is "Yes," I am not permitted to attend or work at the Activity. I understand that, in the event I develop symptoms or suspected symptoms of COVID-19 or other illness, or if otherwise requested by the Principal or Superintendent, at their discretion, I will immediately vacate the Activity premises (unless immediate medical attention is called for).

I further understand that, in the event that I contract COVID-19 or become exposed to someone with COVID-19, I 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 Activity after:
  1. 3 days with no fever and
  2. Symptoms improved and
  3. 10 days since symptoms first appeared
  4. A negative COVID test report or doctor's note of release

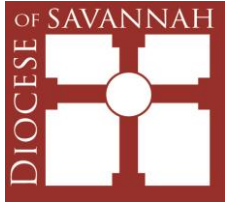
Depending on a student or staff member's healthcare provider's advice and availability of testing, they might get tested to see if they still have COVID-19. If tested, they may return to Activity when they have no fever, symptoms have improved, and they receive two negative test results in a row, at 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 Activity after:
  1. 10 days have passed since test

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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 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 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 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 upon CDC guidance.

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

I understand that this Statement is incumbent upon all employees and volunteers associated with the Activity, including part time workers and substitute teachers.

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

Activity Staff Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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