

**STATEMENT OF UNDERSTANDING,
CONSENT FORM AND LIABILITY WAIVER**

NAME: _____

GROUP/ACTIVITY: _____

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. Reasonable preventative measures have been put into place along with standards of behavior in an effort to reduce the spread of COVID-19. Even with implementation of safety protocols, the Activity and the Diocese of Savannah cannot guarantee that you will not become infected with COVID-19 and attendance at and/or participation in the Activity could increase your risk of contracting COVID-19.

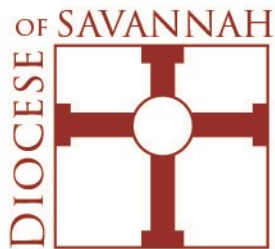
By signing this agreement, I acknowledge the contagious nature of COVID-19 and that I may be exposed to or infected by COVID-19 by attending and/or working at and/or by participating in the Activity, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I 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 and others, including, but not limited to Diocesan employees, volunteers, and participants and their families.

I further agree to absolutely release, defend, indemnify, and hold harmless the Activity and the Diocese of Savannah parishes 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:

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 affirm that my answer is "No" to each of the foregoing questions. I understand that if my answer to any of the foregoing questions is "Yes," I am not permitted to attend the Activity.



I further understand that, in the event 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").

If you have 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. You are encouraged to contact your personal healthcare provider for more information. If testing is available, it may be recommended by a healthcare provider.

I understand that anyone who has close contact with someone with COVID-19 may not participate in 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 such other authorized representative.

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

Signature: _____

Date: _____