

**REQUIRED AGREEMENT
FOR DIOCESE OF ARLINGTON CATHOLIC SCHOOL STUDENTS**

STUDENT NAME(S): _____

SCHOOL 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 schooling, the school named above ("School") has established essential health and safety measures. The School has put in place precautionary measures and standards of behavior to reduce the likelihood of spread of COVID-19 in School activities. These measures and standards may be updated during the academic year.

Even with the implementation of these health and safety protocols, however, the School and the Catholic Diocese of Arlington cannot guarantee that you or your child(ren) will not become infected with COVID-19. Attendance at the School and participation in School 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 schooling, whether at home or in another manner. By enrolling my child(ren) for in-person attendance at the School, 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 School, including any future modifications to those protocols, and will take all reasonable and necessary additional precautions to protect against communicable diseases while on School 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 School premises, we will remove ourselves from the location of such hazards and bring it to the attention of School 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 school 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 School may result from the actions, omissions, or negligence of myself, my child(ren) or others, including, but not limited to Diocesan or School 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 School, 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 School 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 that arise solely from the gross negligence, recklessness or intentional torts of Indemnitees, and those that 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 School on any day constitutes an affirmative representation on my part that I/we have performed all health screening steps required by the School for attendance or participation in School 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 School 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 implemented by the Virginia Department of Health and local health departments. Information is available at www.cdc.gov. I agree to inform the School 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 School activities until approved by School Administration. Approval will be based on confirmation by the local health department that the CDC's criteria to discontinue home isolation or quarantine has been met.

Authorization and Informed Consent

I hereby authorize the School to enforce such other reasonable measures and directives as may be deemed necessary by the Bishop of the Diocese of Arlington, its Office of Catholic Schools, or the School 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: _____