

Informed Consent to Participate in School Activities with COVID-19 Acknowledgment and Release and Waiver/Indemnification

Type of Activity _____

I understand that _____ Catholic School ("the School") is providing certain summer activities in accordance with the Governor of Iowa's proclamation allowing the reopening of school-sponsored activities effective June 1, 2020 to the extent that such activities are consistent with guidance of the Iowa Department of Education, the Iowa High School Athletic Association, and the Iowa Girls High School Athletic Union, as applicable.

Acknowledging the risks related to the novel coronavirus/COVID-19 pandemic, including the potential for transmission of the virus by asymptomatic carriers, I voluntarily assume the inherent risk of my child's participation in the school activity, including the risk of injury, accident, death, loss, or damage to person or property, including the risk of contracting COVID-19, which could result in extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, intensive care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. I understand that COVID-19 may cause additional risks, some of which may not currently be known at this time.

Release and Waiver/Indemnification

By signing my name below, I am fully aware of the above risks and HEREBY RELEASE, WAIVE, DISCHARGE, AND INDEMNIFY the Diocese of Sioux City, the School, any directors, officers, representatives, employees and agents of either; or any other persons assisting with the activity, from any and all liability, and all loss, damage and any other claims or demands on account of injury, whether caused by negligence or otherwise, arising from or in any way connected with my or my child's participation in the activity, specifically including potential exposure to COVID-19.

I also acknowledge that I shall not now, or at any time in the future, for any reason arising from my or my child's participation in the school activity, bring any legal action against the Diocese of Sioux City, the School, or any of its or their directors, officers, representatives, employees and agents and/or any other person who may assist with the activity; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors, and my assigns.

We agree that, in the event of losses, damages or injuries resulting from our or our child's participation, we will access our own financial resources, including our own health insurance coverage, and assume all costs related to any medical or professional treatment arising out of our or our child's participation in the activity, whether for COVID-19 or otherwise.

Should any part of this agreement be ruled invalid, the remaining provisions shall be deemed enforceable to the fullest extent allowed by law.

Signature of Parent or Legal Guardian (and Student, if 18 or older):

Date: _____

Date: _____