



St. Francis Preparatory School
Event/Activity Waiver Form

Event/Activity Information	
Date:	
Name of event/activity:	
Location/Venue:	Telephone:
Address:	
Description of event/activity:	
Participant Information	
Participant Name:	Telephone:
Home Address:	Email:
Emergency Contact Name:	Telephone:
Emergency Contact Name:	Telephone:
Waiver Authorization	
<i>*FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED.</i>	
<p><i>TO THE EXTENT PERMITTED BY LAW, I HOLD ST. FRANCIS PREPARATORY SCHOOL ("SFP") HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT I / MY CHILD MAY SUFFER OR SUSTAIN DURING THE EVENT/ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OR DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF SFP.</i></p> <p><i>I ATTEST THAT I AM/ MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT/ACTIVITY.</i></p> <p><i>IN THE EVENT THAT I/MY CHILD BECOME(S) ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER MEDICAL TREATMENT(S), INCLUDING BUT NOT LIMITED TO X-RAY, EXAMINATION, OR HOSPITAL CARE, CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICIAN AND PERFORMED BY OR UNDER THE SUPERVISION OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL AND/OR OTHER MEDICAL FACILITY PROVIDING THE TREATMENT.</i></p> <p><i>I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR ME/MY CHILD TO PARTICIPATE IN ANY ACTIVITY ASSOCIATED WITH THIS EVENT/ACTIVITY.</i></p> <p><i>The novel coronavirus, COVID-19, is a highly infectious, life-threatening disease declared by the World</i></p>	

Health Organization to be a global pandemic. COVID-19's highly contagious nature means that contact with others, or with surfaces that have been exposed to the virus, can lead to infection. Additionally, individuals who may have been infected with COVID-19 may be asymptomatic for a period of time or may never become symptomatic at all. Because of its highly contagious and sometimes "hidden" nature, it is currently very difficult to control the spread of COVID-19 or to determine whether, where, or how a specific individual may have been exposed to the disease.

I acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in another person, and the inherent risks of exposure at this event/activity to those who may be infected with COVID-19. I voluntarily assume the risk that I/my child may be exposed to and/or infected by COVID-19 by participating in this event/activity and that such exposure and/or infection may result in personal injury, illness, permanent disability, and/or even death.

I acknowledge that the CDC and many other public health authorities continue to recommend social distancing and other protective measures to prevent the spread of COVID-19. I acknowledge that I/my child must comply with all recommended procedures to reduce the spread of COVID-19 while participating in this event/activity.

I understand that SFP has put in place new rules and precautions in order to mitigate the spread of COVID-19, which rules and precautions may be updated at any time. While acknowledging that these rules and precautions may or may not be effective in mitigating the spread of COVID-19, I agree to comply with such rules and precautions which may include, but are not limited to, wearing a face covering, hand washing, hand sanitizing, and social distancing.

I understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19. I understand that the risk of becoming exposed to or infected by COVID-19 during my/my child's participation in this event/activity may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SFP staff, SFP students, other participants, and workers/staff at the venue, including their families. I recognize that SFP cannot limit all potential sources of COVID-19 infection and cannot guarantee that I/my child will not become infected with the COVID-19.

I/my child will be a willing participant in this event/activity and I acknowledge that, by participating, I am/my child is increasing risk of exposure to COVID-19. I voluntarily assume full responsibility for any and all risks of illness or injury associated with my/my child's exposure to COVID-19, as well as from use of any protective equipment, including face coverings, that SFP may voluntarily provide to me/my child.

I attest that:

- 1. I am/my child is not experiencing any symptoms of illness such as fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.*
- 2. I have/my child has not traveled internationally within the last 14 days.*
- 3. I have/my child has not traveled to a highly impacted area within the United States of America in the last 14 days.*
- 4. I do not believe I have/my child has been exposed to someone with a suspected and/or confirmed case of COVID-19.*
- 5. I have/my child has not been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities.*
- 6. I am following all CDC recommended guidelines and limiting my/my child's exposure to COVID-19.*

I agree that if I am/my child is exhibiting symptoms of illness such as fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea, I/my child will seek medical attention, remain isolated and self-quarantine until I have/my child has been cleared by a medical professional.

I hereby release and agree to hold SFP harmless from, and waive on behalf of myself/my child, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself/my child and/or property that may be caused by any act, or failure to act of SFP, or that may otherwise arise in any way in connection with my/my child's participation in this event/activity.

I understand that this release discharges SFP from any liability or claim that I/my child, my heirs, or any personal representatives may have against the parish with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in in connection with my/my child's participation in this event/activity.

This liability waiver and release extends to SFP, and any event hosts, together, with their employees, clergy, volunteers, agents, contractors, staff, students and other participants.

Participant Signature:
(Parent signature if participant is under the age of 18)

Date Signed:

Internal Use Only

Waiver Received By:

Date Received:

**NOTICE TO ALL SCHOOL ADMINISTRATORS, VOLUNTEERS, AND
EMPLOYEES WHO DISTRIBUTE THIS WAIVER FORM**

- A NEW WAIVER MUST BE FILLED OUT, SIGNED AND KEPT ON FILE FOR EACH EVENT/ACTIVITY.
- EACH PARTICIPANT'S COMPLETED EVENT/ACTIVITY WAIVER MUST BE KEPT ON FILE AT THE SCHOOL IN CASE OF AN EMERGENCY.
- IF AN INCIDENT DOES OCCUR, PLEASE REPORT ALL INCIDENTS TO THE SCHOOL'S INSURANCE AND RISK MANAGER, JOSEPH DISOMMA, WITHIN 24 HOURS. HE CAN BE REACHED AT: jdisomma@stfrancisprep.org