

5015 Pandemic—Statement of Understanding, Consent Form, and Liability Waiver for Students

STUDENT: _____

SCHOOL/PARISH: Mercy High School

LEGAL PARENTS/GUARDIANS: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic and is extremely contagious. As a result, in order to resume school activities, social distancing and other essential safety measures at the Catholic School named above ("School") have been established. The School has put in place reasonable preventative measures and standards of behavior to reduce the spread of COVID-19 at School and School activities. Even with implementation of such safety protocols, the School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Attendance at School and/or participation in School activities could increase your risk and/or your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I/we acknowledge the contagious nature of COVID-19 and that my/our child(ren) and I/we may be exposed to or infected by COVID-19 by attending School, and/or by participating in School activities, 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 School may result from the actions, omissions, or negligence of myself/ourselves and others, including, but not limited to, School employees, volunteers, other students and their families.

I/we further agree on behalf of myself/ourselves, my/our child (student) named herein, and my/our heirs, successors, and assigns, to absolutely release, defend, indemnify, and hold harmless the School (and associated parishes), the Archdiocese of Omaha, and their officers, employees, agents, and representatives ("Indemnitees"), from any and all claims and causes of action in any way related to attendance at School, participation in School activities, or working at the School.

I understand that, in the event my child develops symptoms or suspected symptoms of COVID-19, I will be contacted by School staff and I will make immediate preparations to have my child picked up from School. In the event of a medical emergency, I authorize the School and School staff to call 911 and request emergency assistance. I further understand and affirm that the School and School staff have discretion to determine whether a student is ill, or potentially contagious, and whether it is in the best interests of the student, student body, teachers, and School staff to mandate that a child/student be picked up from school at the time of that determination. I also understand and consent that, if my child is diagnosed with COVID-19, the School may disclose my child's name to others in order to trace and contain the spread of COVID-19.

I further understand that if my child tests positive for COVID-19, I will report this to the school and follow the guidance provided by school officials, acting in accordance with the Douglas County Health Department and following current CDC guidelines.

I further understand that, in the event that my child contracts COVID-19 or becomes exposed to someone with COVID-19, my child will need to be quarantined as directed by the Centers for Disease Control and Prevention ("CDC").

I understand that my child may not return to School until he/she has met the CDC's current criteria to discontinue home isolation.

I understand and hereby authorize the School to enforce such other reasonable measures and directives as may be deemed necessary by the Principal of the School, including, but not limited to, mandating that all students wear masks while attending School and/or School activities.

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

Legal Parent/Guardian Signature: _____

Date: _____

Legal Parent/Guardian Signature: _____

Date: _____

Updated July, 2022