

Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Diocese of Orlando Office	e of Vocations has p	put in place preventative measures to reduce the	e spread of
		our child(ren) will not become infected with CO	
		ur child(ren)'s or your risk of contracting COV	
	•	agious nature of COVID-19 and voluntarily ass	sume the
risk that my child(ren) and I may be exp	•	<u> </u>	
		se of Orlando Vocations Office, held at	
` ' 		or infection may result in personal injury, illnes	*
*		of becoming exposed to or infected by COVID	
` /		missions, or negligence of others, and myself in	ncluding,
but not limited to, School employees, ve	olunteers, and progr	ram participants and their families.	
liability, or expense, of any kind, that I participation in (event) behalf, and on behalf of my children, I l of Vocations and the Diocese of Orland and employees and related entities (coll claims, actions, damages, costs or expenthis release includes any Claims based of	or my child(ren) ma at (venue) hereby release, cove lo, and all of their cu lectively, "the Dioce nses of any kind aris on the actions, omiss	l injury, disability, and death), illness, damage, ay experience or incur in connection with my cle ("Claims"). enant not to sue, discharge, and hold harmless urrent, former, and future agents, representative ese") of and from the Claims, including all liabilising out of or relating thereto. I understand and esions, or negligence of the Diocese, its employed before, during, or after or participation in	hild(ren)'s On my The Office es, religious ilities, d agree that
Signature of Parent/Guardian if 18 o	r under	Date	
Print Name of Parent/Guardian if 18	or under	Name of Participant	
Signature of Participant if over 18			