

COVID-19 ASSUMPTION OF RISK AND WAIVER OF LIABILITY

Note: A separate Waiver must be signed for each student.

STUDENT NAME ("Child"): _____

SCHOOL: _____

PARENTS/LEGAL GUARDIANS: _____

I, the undersigned Parent/Legal Guardian, understand COVID-19 (also known as the coronavirus) has been declared a worldwide pandemic by the World Health Organization. I understand COVID-19 is an extremely contagious virus and is spread person-to-person. I understand COVID-19 can cause serious illness, and even death, in all ages. I understand my child's risk of contracting COVID-19 may be increased by attending school. I acknowledge that on August 5, 2021 the Lincoln Lancaster County Health Department (LLCHD) sent a letter to all schools in Lancaster County directing that all students aged 3-11 wear a mask while indoors at school. I understand my child's risk of contracting COVID-19 may be increased by not wearing a mask at school. I understand that the school cannot guarantee my child ("Student") will not be exposed to or infected with COVID-19 as a result of her/his attendance at the school.

By signing this Assumption of Risk and Waiver of Liability ("Waiver"), I solely assume the risk on behalf of my child ("Student") and myself of contracting COVID-19 and any consequences resulting therefrom as a result of my child's attendance at the school. In consideration for the school permitting my child to attend school, I completely release, covenant not to sue, indemnify, and agree to hold harmless the above-listed: (1) School, (2) parish affiliated with the School, (3) The Catholic Bishop of Lincoln, and (4) The Diocese of Lincoln (collectively the "Released Entities") and all directors, officers, employees, agents, insurers, and representatives of the Released Entities from any and all claims, cause of action, liabilities, harm, damage, costs, or expenses related to any injury, illness, permanent disability or death, including the contraction of COVID-19, arising out of my child's attendance at the school, participation in school activities, or use of the school facilities.

I acknowledge I have read and fully understand the contents of this Waiver. I understand that I cannot terminate or alter this Waiver. I understand that this Waiver does not guarantee any rights on behalf of my child or myself with respect to attendance at the school or the conditions of such attendance. **I understand that only the school and its administration retain the right to set policies for the school and that my child and I shall comply with all said policies, including any future policies requiring my child to wear a mask at school. I UNDERSTAND THAT BY SIGNING THIS WAIVER I AM FOREVER RELEASING ANY RIGHT TO FILE A LAWSUIT AGAINST OR SEEK DAMAGES FROM THE ABOVE-LISTED RELEASED ENTITIES FOR ANY CLAIMS RELATED TO COVID-19.**

Parent/Legal Guardian: _____(Sign)

Date: _____

Parent/Legal Guardian: _____(Sign)

Date: _____