



OFFICE OF THE SUPERINTENDENT ❖ OFFICE OF CATHOLIC SCHOOLS & CENTERS
Pastoral Center ❖ PO Box 40200 ❖ St. Petersburg, FL, 33743-0200 ❖ PH: 727-347-5539 ❖ Fax: 727-341-6848

COVID-19 Notice and Release of Liability

COVID-19 has been declared a worldwide pandemic by the World Health Organization. The state of medical knowledge about the disease is evolving but it appears to be spread mainly from person-to-person contact. People can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown and there is currently no vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

The (*Diocese of St. Petersburg/Nativity Catholic School*) cannot prevent you or your child/children from becoming exposed to, contracting, or spreading COVID-19 while participating in _____ (*the "Program"*). It is not possible to prevent against the presence of the disease. Therefore, if you choose to enroll your child/children in **NATIVITY CATHOLIC SCHOOL** _____, you, your child and/or other family members may be exposed to and/or increase risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself, my child/children, and/or other family members in order for my

child/children, _____ to participate in the Program. My
(Name of Minor Child)

child's/children's participation in the Program is of such value to me and to my child/children, that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order for my child/children to enroll in the Program.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against (*Diocese of St. Petersburg/Nativity Catholic School*) and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to the Program. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of Florida will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

(Parent/Guardian Name – Printed)

(Parent/Guardian Signature)

(Date)