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**PARENTAL/GUARDIAN COVID-19  
CONSENT FORM AND LIABILITY WAIVER FOR CHILD CARE**

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Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. Brother Martin High School will endeavor to at all times reasonably and to the best of its ability follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its Parish/School activity (including but not limited to summer camp). However, even though such standards will be reasonably followed and reasonable measures put into place, Brother Martin High School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, you understand and acknowledge that attending Crusader Camp, or other Brother Martin summer offerings, could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this Agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by participating in Brother Martin High School summer programs and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Brother Martin High School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Parish/School employees, volunteers, and program participants and their families.

Considering the foregoing, however, I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in Brother Martin's Crusader Camp, notwithstanding the risks associated with the COVID-19 virus and group activities. I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, hold harmless, and defend Brother Martin High School, as owner and operator of Crusader Camp and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives (collectively "Indemnitees") associated with any event arising from, or in any way related to, any negligent act(s) or omission(s) of any Indemnatee in relation to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE THAT I AM AGREEING TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE INDEMNITEES' FROM THEIR OWN NEGLIGENCE AS IT RELATES TO PROTECTION AGAINST THE COVID-19 VIRUS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_