DIOCESE OF CHARLESTON COVID-19 ASSUMPTION OF RISK, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

ADULT PARTICIPANT/PARENT NAME	(Please Print)
CHILD PARTICIPANT(S) NAME(S)	(Please Print)
IN CONSIDERATION of the above named Participant and/or my chillustrate the facilities, equipment, services and/or programs (collectively, "Factorial Charleston and/or a parish or school of said Diocese and their respective direction and agents (collectively referred to as the "Diocese"), the above named Participant (s) listed above (each a "Child Participant"), acknowledges and agree	cilities") of the Catholic Diocese of ctors, officers, employees, volunteers pant for him/herself and for the child
The undersigned acknowledges that novel coronavirus ("COVID-19 throughout the United States, including cases in South Carolina. In accordance protocols issued by the World Health Organization (WHO), the Centers for Di and the South Carolina Department of Health and Environmental Control (DFCOVID-19, the undersigned hereby agrees, represents and warrants that ne Participant shall visit or utilize the Facilities of the Diocese within 14 days of: (i 19, including but not limited to fever, cough or shortness of breath; (ii) having case of COVID-19; or (iii) having been in close proximity to a person with a d 19.	the with the most recent guidance and isease Control and Prevention (CDC) HEC) for slowing the transmission of ither the undersigned nor the Child experiencing symptoms of COVID-13 a suspected or diagnosed/confirmed
The Diocese has taken certain steps to implement recommended guidar health agencies for slowing the transmission of COVID-19, including, without set forth above. The undersigned acknowledges and agrees that, due to the n Diocese, social distancing of 6 feet per person or certain other measures may undersigned fully understands and appreciates both the known and potential da Diocese and acknowledges that the use thereof by the undersigned and/or the Diocese's reasonable efforts to mitigate such dangers, result in exposure to quarantine requirements, serious illness, disability and/or death.	limitation, the access/use restrictions nature of the Facilities offered by the ay not be possible at all times. The ungers of utilizing the Facilities of the ac Child Participant may, despite the
IN FURTHER CONSIDERATION OF BEING PERMITTED TO USE TH UNDERSIGNED, ON HIS/HER BEHALF AND ON BEHALF OF THE C	CHILD PARTICIPANT, HEREBY
RELEASES, WAIVES, DISCHARGES, HOLDS HARMLESS AND CODIOCESE, its directors, officers, employees, volunteers and agents from all lia Participant and the personal representatives and heirs and assigns of the unders loss or damage, and any claim or demands on account of any injury to, or an il or the Child Participant (or any person who may contract COVID-19, directly the Child Participant) whether caused by the negligence, active or passive, o undersigned or the Child Participant are using the Facilities.	ability to the undersigned or the Child igned or the Child Participant for any lness or the death of, the undersigned or indirectly, from the undersigned or
THE UNDERSIGNED further expressly agrees that the foregoing ASSUM WAIVER OF LIABILITY, HOLD HARMLESS AND INDEMNITY AGREE inclusive as is permitted by the laws of the State of South Carolina and that if a agreed that the balance shall continue in full legal force and effect.	MENT is intended to be as broad and
Signing on behalf of the undersigned and any Child Participant listed at the beg	ginning of this Agreement
Signature Date	
Print Name: Phon	e:
Address:	

Email: