

ARCHDIOCESE OF MOBILE
VOLUNTEER COVID-19
CONSENT FORM AND LIABILITY WAIVER

Participant'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. _____ Parish/School/Ministry will 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/Ministry activity. However, even though such standards will be followed and reasonable measures put into place, Parish/School/Ministry cannot guarantee that you will not become infected with COVID-19. Further, attending the Parish/School/Ministry activity could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that I may be exposed to or infected by COVID-19 by participating in the Parish/School/Ministry activity 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 the above named Parish/School/Ministry may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Parish/School/Ministry employees, volunteers, and program participants and their families.

I further agree on behalf of myself, my spouse, our heirs, successors, and assigns, to release and hold harmless the above named Parish/School/Ministry and the Archdiocese of Mobile, its members, directors, officers, employees, agents and representatives associated with the event arising from or in connection with the acts or omissions in relation to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE THAT I AM AGREEING TO HOLD HARMLESS THE ABOVE NAMED PARTIES FROM ANY HEALTH EMERGENCY CLAIM UNDER ALABAMA LAW OR FOR ACTION AND/OR INACTION IN REGARD TO PROTECTION AGAINST THE COVID-19 VIRUS.

Signature: _____ Date: _____