## ST. MARY'S DOMINICAN HIGH SCHOOL CORPORATION PARENTAL/GUARDIAN COVID-19 CONSENT FORM AND LIABILITY WAIVER

(Please Print)	
Student's name:	
Birth date:	
Parent/Guardian's name:	
Home address:	
Home phone:	Business phone:
Organization. COVID-19 is extrem St. Mary's Dominican High School state and local standards of conductive spread of COVID-19 at St. A standards will be followed and re School cannot guarantee that you	P, has been declared a worldwide pandemic by the World Health elly contagious and as a result, social distancing is recommended. Corporation d/b/a St. Mary's Dominican High School will follow at and has put in place reasonable preventive measures to reduce Mary's Dominican High School. However, even though such asonable measures put into place, St. Mary's Dominican High or your child(ren) will not become infected with COVID-19 inican High School or any of its related activities could increase of contracting COVID-19.
child(ren) and I may be exposed Dominican High School or related a injury, illness, permanent disability infected by COVID-19 at St. Mary or negligence of myself and others,	knowledge the contagious nature of COVID-19 and that my/out to or infected by COVID-19 by participating in the St. Mary's activities and that such exposure or infection may result in personary, and death. I understand that the risk of becoming exposed to or a Dominican High School may result from the actions, omissions including, but not limited to, St. Mary's Dominican High School activity participants and their families.
Considering the foregoing, however child,, to attempt to activities, notwithstanding the ri	er, I,
spouse, our heirs, successors, and St. Mary's Dominican High Sch its members, directors, officers arising from or in connection w	hyself/ourselves, my/our child(ren) named herein, and my ad assigns, to release, indemnify, hold harmless, and defend nool Corporation d/b/a St. Mary's Dominican High School, as, employees, agents and representatives ("indemnitees") with the negligent acts or omissions of the indemnitees' in spread of the COVID-19 virus. I SPECIFICALLY SEE TO THE FOREGOING.
Signature:	Date:
Signature:	Date: