



# General Waiver for School Participation 2024-2025

## *Our Lady of the Lake Catholic School*



**Child Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

General Waiver for School Participation *Our Lady of the Lake Catholic School* I give permission for my child (name) \_\_\_\_\_ to attend *Our Lady of the Lake Catholic School*, realizing that there is some potential for injury and illness inherent in such all School activities. I acknowledge that School is using good faith, reasonable efforts to implement the recommendations of the Centers for Disease Control and Prevention (CDC), Arizona Department of Education, and state and local health authorities in light of the unique needs and circumstances of the School community, and in order to allow for in-person learning while protecting students, teachers, administrators, and staff and helping slow the spread of COVID-19. While the CDC states that these efforts help lower the risk of COVID-19 exposure and spread during school sessions and activities, they cannot eliminate all risk of exposure and transmission, and School cannot ensure my child’s complete safety.

By allowing my child to attend the School in person, therefore, I specifically acknowledge and assume the risks and hazards associated with my child’s participation in all school activities, but not limited to, the risks associated with the novel COVID-19 virus. I understand that my child will be associating with, teachers, administrators, staff and other children and may contract COVID-19, and other viruses and diseases, through my child’s participation in activities at school. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household.

I certify that my child is in good health and has no current issues that make it unsafe for my child to participate in School activities, which may not have a medical professional on staff. I will notify the School and not send my child to School or School functions if my child develops a fever or other symptoms of illness or tests positive for COVID-19. Furthermore,

**I will not send my child to School or School functions if my child is sick, has COVID-19 symptoms, or has been in close contact with someone who shows symptoms of or has been diagnosed with COVID-19 until after a 5 day exposure period has been exhausted for my child with no symptoms.**

I further agree that I will follow, and will take reasonable steps to ensure that my child will follow, all rules, policies and guidelines of School in order to protect other students, teachers, administrators, and staff and help slow the spread of COVID-19. (Per CDC guidelines)

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the School, the Diocese of Phoenix, their insurers, and all of their respective employees, agents, representatives, and volunteers (the “Released Parties”) arising from or relating in any way to any injury or illness, including those related to COVID-19, that may occur to my child, me, or my household members due to my child’s participation in the School activity.

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_