

The Diocese of Pensacola-Tallahassee Communicable Disease Liability
Waiver For Students, Parents & Volunteers of

The Diocese of Pensacola-Tallahassee and _____ acknowledges and affirms the importance of the health, safety, and wellbeing of our students, facility, staff, parents, volunteers and the entire school community. As a result, William A. Wack, as Bishop of the Diocese of Pensacola-Tallahassee (“Diocese of Pensacola -Tallahassee”) has taken steps to implement reasonable safety protocols aimed at reducing the exposure, transmission, and spread of communicable diseases, including but not limited to, Influenza (Flu), Respiratory Syncytial Virus (“RSV”), Coronavirus (COVID-19), MRSA (Staph), and other infectious and communicable diseases (hereinafter “Diseases”) at school and school-related activities. Despite such safety protocols, however, the Diocese of Pensacola-Tallahassee and _____ cannot guarantee that parents, students and volunteers will not be exposed to and/or become infected with Diseases. Further, attendance at school and/or participation in school-related activities could increase your child(ren)’s and/or your own risk of being exposed to and/or become infected with Diseases.

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By signing this liability waiver, I acknowledge the contagious nature of Diseases and my understanding that attendance at school and/or participation in school-related activities, despite the preventative measures put in place by the Diocese of Pensacola-Tallahassee and _____, could increase my child(ren)’s risk and/or my own risk of contracting such Diseases. I further acknowledge my understanding that the risk of becoming exposed to and/or infected with Diseases may result from the actions, omissions or negligence of myself, my child(ren) and/or others, including but not limited to superintendents, principals, administrators, teachers, staff, clergy, priests, members, directors, officers, employees, agents, volunteers, representatives, program participants, and other students and their families. With this understanding, I voluntarily assume the risk that my child(ren) and/or I may be exposed to and/or infected with Diseases by attendance at school and/or participation in school-related activities and that such exposure or infection may result in personal injury, illness, temporary or permanent disability and/or death. I accept sole responsibility for any consequent or related injury or harm of any kind to my child(ren) and/or myself, including, but not limited to, illness, personal injury, temporary or permanent disability and death.

On behalf of myself individually, and/or on behalf of my child(ren), specifically identified below, and my/our heirs, successors, and assigns, I hereby release, covenant not to sue, discharge and agree to defend, indemnify and hold harmless the Diocese of Pensacola-Tallahassee and _____, including its successors and assigns, its parishes, schools, ministries, affiliated entities, superintendents, principals, administrators, teachers, staff, clergy, priests, bishops, members, directors, officers, employees, attorneys, agents, volunteers and representatives from any and all claims, causes of action, liabilities, damages, injuries, losses, and expenses of any kind (“Claims”) that I or my child(ren) may experience or incur, or have against the Diocese of Pensacola-Tallahassee and _____, in connection with my child(ren)’s and/or my attendance at school and/or participation in school-related activities or programs, including Claims arising from the actions, omissions, or negligence of the Diocese of Pensacola-Tallahassee and _____.

A photocopy of this release shall be as valid and enforceable as the original. I hereby agree and acknowledge that an electronic copy of this release and any signatures hereon shall be considered for all purposes as an original. I further agree that this release may be executed by use of electronic signatures.

Full Legal Name(s) of Children: _____

Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____

Date: _____