

Dear **[Parishioner/Participant of Program Name/Individual's Name]**,

During these times of the novel coronavirus, we here at **[Name of Parish]** have been actively planning and working toward offering in-person ministries and activities. As permissible and consistent with applicable public health restrictions and guidance, we are continuing to resume some of our Parish ministries and programs. We also continue to remain committed whenever possible to offering our ministries and activities to those who cannot participate in person via remote offerings.

Although challenges created by the coronavirus continue to develop and change almost daily and much remains uncertain, we are certain of the following:

1. The health, safety, and welfare of every member of the Parish community is our highest priority.
2. The novel coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization (WHO). Medical knowledge regarding COVID-19 continues to evolve, but COVID-19 is reported to be extremely contagious and is believed to spread through person-to-person contact and/or contact with contaminated surfaces and objects, possibly even in the air. The exact methods for spread, contraction, and infection are unknown and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and/or death.
3. The measures we take to protect the community from COVID-19 will continue to be informed by the most up-to-date advice from federal, state, and local public health officials.
4. Even with the precautions and measures we implement, no one, including the Parish, can guarantee an environment without risk of the spread of COVID-19. It is simply not possible to do so. For more information about the nature of the virus, please visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
5. In addition, minimizing the risk of COVID-19 spread or spread of any other disease is a shared responsibility. All members of the Parish community, including participants in our ministries and programs, must do their part. In addition to basic hand hygiene (frequent washing and sanitizing) and respiratory etiquette (not coughing into one's hand or in close proximity to others), this includes adhering to any measures that the Parish may deem appropriate, such as temperature checks, social distancing, wearing cloth face coverings, isolating or quarantining away from the Parish when required, and other precautionary measures. Your compliance is necessary not only for your own safety but for the safety of others. Participants should not report to Parish programs or activities if they have a fever or are exhibiting symptoms of COVID-19. For more information about symptoms, please visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
6. Participants with disabilities who think they may need accommodations related to COVID-19 or who, because of age or underlying medical conditions, may be at increased risk should contact the Parish to discuss further. Please contact _____ by calling _____ or e-mailing _____.

7. If you return to the physical Parish campus, there is an inherent risk that you could be exposed to and contract COVID-19. By entering the Parish campus, you indicate your acknowledgement of and agreement to accept and assume this risk.

In the meantime, we encourage everyone to stay safe and pray for those affected by this worldwide pandemic. We kindly ask that you sign and date where provided to indicate your understanding and acknowledgement of the contents of this letter. In signing below, you merely acknowledge that you have received and reviewed this document and that you understand the inherent risks associated with COVID-19 while being present on the Parish campus.

Sincerely,

By my signature below, I acknowledge I have received the above warnings regarding the risks of exposure to and contraction of COVID-19 while present on Parish property and/or while participating in activities and ministries on the Parish property. I further acknowledge and agree that by being present on Parish property, I have assumed those risks.

Name (printed)

Signature

Date

**[LEGAL NAME OF PARISH]
[NAME OF PARISH MINISTRY OR ACTIVITY]
WAIVER & RELEASE AGREEMENT**

Participant Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Email Address: _____ Cell Phone: _____

I hereby voluntarily seek to participate in any and all activities associated with **[NAME OF PARISH MINISTRY OR ACTIVITY]** facilitated by **[LEGAL NAME OF PARISH]** (the “Parish”), whether on Parish premises or at off-site locations from **(START DATE)** to **(END DATE)** (collectively, the “Activities”). In consideration of the opportunity to participate in the Activities, I knowingly and voluntarily on behalf of myself do hereby agree to forever RELEASE, HOLD HARMLESS, AND INDEMNIFY **[LEGAL NAME OF PARISH]** and the Archdiocese of Baltimore and each of its affiliate organizations, agents, governing board, departments, employees, officers, directors, volunteers, officials, representatives, agents, insurers, students, and other participants in the Activities (collectively, the “Archdiocese of Baltimore”) to the fullest extent permitted by law from any and all liability, claims, demands, and causes of action, including claims of negligence, arising out of or relating to any loss, damage, or injury (including illness or death) sustained in connection with or arising out of my participation in the Activities, including any and all actions taken by the Parish or the Archdiocese of Baltimore pursuant to this Waiver & Release Agreement.

By my signature below, I understand and acknowledge that my participation in the Activities may involve risk of minor or serious injury, including illness, permanent disability, death, and/or economic losses that may result from my actions or inactions, the actions or inactions of others, and the inherent risks of the Activities. I further understand and acknowledge that the Activities may involve outdoor activities, including but not limited to exposure to sun and other elements, and changing environmental conditions due to inclement weather, lightning, wind, or temperature. I fully understand, appreciate, and hereby assume all such known and unknown dangers and risks related to my participation and I voluntarily elect to participate in the Activities.

I understand that my participation in the Activities may require a minimum level of fitness for safe participation, and the Parish and the Archdiocese of Baltimore do not screen, medically or otherwise, individuals that participate in the Activities. I acknowledge that it is my sole responsibility to make certain that I am physically fit and healthy enough to participate in the Activities. By my participation in the Activities, I confirm that I do not have an elevated temperature and have not otherwise exhibited any symptoms related to COVID-19 as identified by the Centers for Disease Control and Prevention (CDC). In the case of a health emergency or need of urgent healthcare, after a reasonable effort has been made to contact my emergency contact(s) named below (or if the urgency of the circumstances does not allow for an attempt to contact my emergency contact(s)), I authorize and consent to any medical care deemed necessary for my health and safety, in the case of incapacitation, during the Activities.

If any provision or provisions of this Release Agreement are determined to be invalid or unenforceable, either in whole or in part, the parties agree that the invalid or unenforceable provision will be modified to the minimum extent necessary to render it valid and enforceable, so that the rights and obligations of the parties to this Release Agreement are preserved to the fullest extent permitted by law.

I CERTIFY THAT I HAVE READ THE FOREGOING WAIVER & RELEASE AGREEMENT AND ANY ACCOMPANYING ATTACHMENTS, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, WILLINGLY, AND VOLUNTARILY.

X _____
Signature

Date of Signature

The following emergency contact(s) are to be notified and have permission to make decisions regarding my safety and welfare in the event that I am incapacitated and unable to do so on my own behalf.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____