



THE ROMAN CATHOLIC
DIOCESE OF PHOENIX

_____ Parish/School

Preschool Program Acknowledgement & Waiver

On behalf of myself, my household members, and my minor child, _____,
I hereby give permission for my child to attend _____ Preschool (“Preschool”). I am familiar with,
and knowingly and voluntarily accept, any and all risks associated with attending this Preschool.

I specifically assume all risks and hazards associated with my child’s participation in the Preschool including, but not limited to, the risks associated with the novel COVID-19 virus. I understand that my child will be associating with staff and other children and may contract COVID-19, and other viruses and diseases, through my child’s participation in the activity. 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.

While instruction and reasonable supervision will be provided, Preschool staff cannot ensure my child’s safety. Accidents and injuries happen, and it is impossible to eliminate the risk that my child will suffer an injury or illness.

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 14 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.

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 _____