

PARISH COVID-19
Volunteer Agreement or Release of Liability for Parish Activity

PERSON'S NAME: _____

PROGRAM LOCATION: **BASILICA OF ST. MARY CUB SCOUT PACK 301**

Assumption of Risk

The novel coronavirus, COVID-19, has been declared a worldwide pandemic and is contagious. As a result, in order to Volunteer with a Parish Group or Event, to include, but not limited to food drives, education classes, or group meetings, the Catholic Diocese of Arlington has established essential safety measures and placed reasonable preventative measures and standards of behavior, consistent with guidelines issued by the Centers for Disease Control and Prevention ("CDC") and state and local public health guidance, to reduce the spread of COVID-19. Even with implementation of health and safety protocols the (name) _____ Catholic Church (hereafter called Parish) and the Catholic Diocese of Arlington cannot guarantee that you will not become infected with COVID-19, and participation in on site Parish activities could increase your risk of contracting COVID-19. Any interaction with others includes possible exposure to, and illness from, communicable diseases including COVID-19 and influenza.

I understand that I have choices for volunteering and/or participating in a Parish activity whether in person or in another manner. By returning to in-person volunteer or group activities, I give my informed consent for myself to participate and assume responsibility for the above-noted risks.

I willingly agree I will comply with the health and safety protocols established by the Parish and the Catholic Diocese of Arlington Programs, and will take all reasonable and necessary additional precautions to protect against communicable diseases while on the premises where I volunteer, not only for my own benefit but for the benefit of others with whom I may come into contact. I agree that, if I observe any objects, practices or procedures I believe to be hazardous while on the premise(s), I will remove myself from the location of such hazard and bring it to the attention of a Parish staff member or supervisor immediately.

Liability Waiver

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that I may be exposed to or infected by COVID-19 by participating in in-person volunteer activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at the above-named Parish program site, may result from the actions, omissions, or negligence of myself, or others, including, but not limited to Diocesan or Parish administrators, employees, volunteers, and other program participants and their families.

I further agree on behalf of myself and my respective heirs, successors, and assigns, to fully and forever release, defend, indemnify, and hold harmless (name) _____ Catholic Church and the Diocese of Arlington, Catholic Diocese of Arlington, their clergy, administrators, employees, agents, members and volunteers ("Indemnitees") from any and all claims, damages, demands, and causes of action, present or future, known or unknown, anticipated or unanticipated, in any way related to exposure to COVID-19 while participating in volunteer activities, including but not limited to any claims of negligent exposure. This includes claims that arise from my own and others' acts, actions, activities and/or omissions, excepting only those which arise solely from the gross negligence, recklessness or intentional torts of Indemnitees. I will defend and indemnify Indemnitees with respect to any released claim, including but not limited to damages, costs and attorney's fees.

Responsibility for Health Screening

By execution of this Statement, I affirm that my presence at a Parish activity on any day constitutes an affirmative representation on my part that I have performed the required health screening below and affirm that the responses to all questions are NO.

SCREENING QUESTIONS

“YES or NO, I do not have any of the following:”

- A fever of 100.4°F. (38°C.) or higher or a sense of having a fever during the past 72 hours
- New or unexpected cough that cannot be attributed to another health condition
- New shortness of breath or difficulty breathing that cannot be attributed to another health condition
- New chills that cannot be attributed to another health condition
- A new sore throat that cannot be attributed to another health condition
- New muscle aches that cannot be attributed to another health condition or specific activity (such as physical exercise)
- New loss of taste or smell
- Nausea, vomiting or diarrhea
- Currently living with a person who has exhibited symptoms of COVID-19 or is currently under quarantine due to close contact with a person suspected or confirmed to have COVID-19

“YES or NO, in the past 14 days, I have not done any of the following:”

- Cared for or had other close contact with a person suspected or confirmed to have COVID-19
- Travelled internationally or traveled to a highly impacted area within the United States
- Undergone testing for COVID-19

I understand that on any day when I answer YES to any of the required health screening questions above, I am not permitted to participate in in-person volunteering at a program site.

Need to Inform and Quarantine

I further understand, in the event that I am suspected or confirmed positive with COVID-19 or have come in close contact with a person suspected or confirmed positive with COVID-19, I will need to follow the CDC’s guidance for isolation or quarantine as appropriate. Information is available at www.cdc.gov. I agree to inform the Program Director, and/or Volunteer Coordinator, as soon as possible, but no later than 1 business day, after learning of my suspected or confirmed positive case of COVID-19 and/or the need to quarantine due to close contact with a person suspected or confirmed positive for COVID-19.

I understand that I may not return to in-person volunteer or group activities until approved by Parish personnel. Approval will be based on confirmation that the CDC's criteria to discontinue home isolation or quarantine has been met. For details reference:

For those suspected or confirmed positive: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

For those quarantining due to close contact: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

Authorization and Informed Consent

I hereby authorize the Parish and the Catholic Diocese of Arlington to enforce such other reasonable measures and directives as may be deemed necessary by the Bishop of the Catholic Diocese of Arlington.

By execution of this Agreement, I understand and agree to the foregoing terms and conditions.

Signature: _____ Date: _____