**PARISH VOLUNTEER COVID-19 WAIVER, RELEASE,**

**AND ASSUMPTION OF RISK FORM**

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| **Parish Information** | |
| Parish Name: | |
| Parish Address: | Telephone: |
| Contact Name: | Facsimile: |
| ***Notice to all Parish ADMINISTRATORS – the COVID-19 WAIVER FORM must be kept on file at the parish. If an incident does occur please report all incidents to the Diocesan Insurance and Risk Manager, within 24 hours.*** | |
| **Personal Information** | |
| Volunteer Name: | Email: |
| Home Address: | Telephone: |
| **Waiver Authorization** | |
| *form MUST BE COMPLETEd IN ALL RESPECTS, SIGNED and DATED TO AUTHORIZE THE waiver.* | |
| The novel coronavirus, COVID-19, is a highly infectious, life-threatening disease declared by the World Health Organization to be a global pandemic. There is no current vaccine for COVID-19. COVID-19’s highly contagious nature means that contact with others, or with surfaces that have been exposed to the virus, can lead to infection. Additionally, individuals who may have been infected with COVID-19 may be asymptomatic for a period of time or may never become symptomatic at all. Because of its highly contagious and sometimes “hidden” nature, it is currently very difficult to control the spread of COVID- 19 or to determine whether, where, or how a specific individual may have been exposed to the disease.  I acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in another person, and the inherent risks of exposure to those who may be infected with COVID-19. I voluntarily assume the risk that I may be exposed to or infected by COVID-19 as a result of or in connection with my providing volunteer services at the parish and that such exposure or infection may result in personal injury, illness, permanent disability, and/or even death. I further acknowledge that I may further expose my household and family members if I am infected even though I may be asymptomatic.  I acknowledge that the CDC and many other public health authorities continue to recommend face covering, social distancing and other protective measures to prevent the spread of COVID-19, which may be updated at any time. I acknowledge that I must comply with all set procedures to reduce the spread of COVID-19.  I understand that the PARISH (insert parish name) AND DIOCESE OF ERIE has put in place new rules and precautions in order to mitigate the spread of COVID-19, which may be updated at any time. While acknowledging that these rules and precautions may or may not be effective in mitigating the spread of COVID-19, I agree to comply with such rules and precautions which may include, but are not limited to, wearing a face covering, hand washing, hand sanitizing, and social distancing.  I understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19. I understand that the risk of me or my family or household members becoming exposed to or infected by COVID-19 as a result of or in connection with my volunteer services at the parish may result from the actions, omissions, guidance or negligence of myself and others, including, but not limited to, priests; parish, or diocesan staff; volunteers; students; and other parish, or diocesan workers, including their families. I recognize that the PARISH, (insert parish name) AND DIOCESE OF ERIE cannot limit all potential sources of COVID-19 infection and cannot guarantee that I or my family or household members will not become infected with COVID-19.  I acknowledge that, by performing volunteer services at the parish, I am increasing risk of exposure to COVID-19 to myself and my family and household members. I voluntarily assume full responsibility for any and all risks of illness or injury associated with me or my family or household members’ exposure to COVID-19, as well as from use of any protective equipment, including face coverings, that the PARISH, (insert parish name) AND DIOCESE OF ERIE may voluntarily provide to me.  I attest that:   1. Neither I nor any member of my family or household is experiencing any symptoms of illness such as cough, shortness of breath or difficulty of breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell. 2. Neither I nor any member of my family or household has traveled internationally within the last 14 days. 3. Neither I nor any member of my family or household has traveled to a state identified by the Pennsylvania Department of Health as having high amounts of COVID-19 cases in the last 14 days. 4. I do not believe that I have been exposed to someone with a suspected and/or confirmed case of COVID-19. 5. I have not been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities. 6. I am following all CDC recommended guidelines and limiting me and my family/household members’ exposure to COVID-19.   I understand that it is my responsibility to notify the PARISH if any of the aforementioned situations change throughout the year.  I agree that if I am, or any member of my family or household is, exhibiting symptoms of illness such as cough, shortness of breath or difficulty of breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell, I will seek medical attention for me/my family member/my household member, remain isolated and self-quarantine until I have/my family/household member has been cleared by a medical professional.  In consideration for providing me the opportunity to perform volunteer service at the parish, I voluntarily agree to release and agree to hold PARISH, (insert parish name) AND DIOCESE OF ERIE harmless from, and waive on behalf of myself, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself that may be caused by any act, or failure to act of the PARISH, (insert parish name) AND DIOCESE OF ERIE or that may otherwise arise in any way in connection with my volunteer services at the parish to the fullest extent allowed by law.  I understand that this release discharges the PARISH, (insert parish name) AND DIOCESE OF ERIE from any liability or claim that I, my heirs, or any personal representatives may have against the parish/diocese with respect to any bodily injury, illness, death, or medical treatment that may arise from, or in connection to, my performance of volunteer services at the parish.  This liability waiver and release extends to the PARISH, (insert parish name) AND DIOCESE OF ERIE together with its members, boards, clergy, staff, and volunteers.  I certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself. | |
| Volunteer Signature: | Date Signed: |
| **Internal Use Only** | |
| Waiver Received By: | Date Received: |