

**SPECIFIC EVENT<sup>1</sup> REQUEST, COVID-19 CONSENT AND RELEASE**

I request and give my permission for my child, \_\_\_\_\_ to attend the following listed event:

EVENT: \_\_Diocesan SEARCH Retreat\_\_\_\_\_

SITE: \_\_Camp Wesley Pines, Gallman, MS \_\_\_\_\_

DATE: \_\_July 23-25, 2021 \_\_\_\_\_

TIME: \_Friday – 6:30 p.m. – Sunday 1:00 p.m.  
\_\_\_\_\_

The novel coronavirus, COVID-19, has been declared a worldwide pandemic and is extremely contagious. As a result, in order to resume formation activities, social distancing and other essential safety measures have been established. The parish has put in place reasonable preventative measures and standards of behavior to reduce the spread of COVID-19. Even with implementation of safety protocols the parish cannot guarantee that you or your child(ren) will not become infected with COVID-19 and participation in parish activities could increase the risk of contracting COVID-19.

In consideration of the above statements, I/we as parent(s)/guardian(s) request that my/our child be permitted to enroll and participate in parish activities. By signing this agreement, I/we acknowledge the contagious nature of COVID-19 and that my/our child(ren) and I/we may be exposed to or infected by COVID-19 by participating in parish activities and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I/we understand that the risk of becoming exposed to or infected by COVID-19 at the above-named parish may result from the actions, omissions, or negligence of myself/ourselves and others, including, but not limited to parish employees, volunteers, and program participants and their families.

I/we confirm that a current Medical Information Form for my/our child is on file at the parish, and I/we will update it if necessary and resubmit it with changes. I/we further agree on behalf of myself/ourselves, my/our child (student) named herein, and my/our heirs, successors, and assigns, to release, defend, indemnify, and hold harmless the parishes, the Catholic Diocese of Jackson, their priests, bishops, members, directors, officers, employees, agents and representatives (“Indemnitees”) associated with the event arising from or in connection with the negligent acts or omissions of the Indemnitees.

\_\_\_\_\_  
Parent or Guardian Cell Phone Number

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant 18 years or older

\_\_\_\_\_  
Printed Name of Participant 18 years or older

\_\_\_\_\_  
Date

**1 The designated event may be a recurring event in which instance this Consent and Release applies with equal force to each occasion of any such recurring event. In other words, if you visit your local retirement facility every third Thursday of each month. Form E will only be completed one time for that particular event and applies to all such visits.**