



SAINTS JOACHIM & ANNE (SJA) AND SHAKOPEE AREA CATHOLIC SCHOOL (SACS)

SANTOS JOAQUIN Y ANA

MASS AND EUCHARISTIC ADORATION SIGN IN AND ACCEPTANCE OF COVID-19 PANDEMIC WORSHIP NOTICE, ACKNOWLEDGMENT, AND RISK WAIVER FORM

ATTENDEE MUST COMPLETE AND SIGN THE ACKNOWLEDGEMENT AS ACCEPTANCE OF THIS WAIVER.

An inherent risk of exposure to COVID-19 exists anywhere people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and people with underlying medical conditions are especially vulnerable to COVID-19. The Parish of Saints Joachim & Anne (SJA) has undertaken precautionary cleaning, disinfecting, and implemented social distancing guidelines to help reduce the risk of exposure. However, SJA cannot guarantee that visitors are 100% safe from exposure to COVID-19. Therefore, SJA recommends that people over 65 or with underlying health conditions not attend mass at this time and continue to worship online. Attendance at liturgies is at your own risk.

RELEASE OF LIABILITY: The undersigned, his/her personal representatives, heirs and assigns, DO HEREBY:

1. RELEASE, DISCHARGE and COVENANT NOT TO SUE the above named parish/school and the Archdiocese of Saint Paul and Minneapolis, MN for any and all claims and liability, except for those arising out of the strict liability or negligence of releasee which causes the undersigned injury, death or property damage and further agrees to hold releasee harmless and indemnify releasee from any claim, judgment or expense releasee may incur by participation in the described activity.
2. UNDERSTAND AND ACKNOWLEDGE the following:
 - The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. SJA wants to ensure you are aware of the possible additional risks of contracting COVID-19 while participating in the Mass at SJA facilities.
 - The COVID-19 virus has a long incubation period. You or members of your family may have the virus, not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated due to the limited availability of virus testing.
 - Due to the frequency and timing of visits by parish members and non-members, the characteristics of the virus, and the characteristics of our training platforms, there could be an elevated risk of you contracting the virus simply by being at SJA facilities despite our best efforts to sanitize our facilities.

PHOTO RELEASE: The undersigned further grants full permission to use my likeness in any photographs, videos, or other digital media ("photo"), or any other recorded of this event for any legitimate and legal purpose in any and all of its publications, including web-based publications, without payment or other consideration. I understand that all photos become the property of Saints Joachim & Anne and Shakopee Area Catholic School and will not be returned. I hereby irrevocably authorize the {Name of Organization} to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

ACKNOWLEDGEMENT AND ACCEPTANCE

1. **I CONFIRM I HAVE READ THIS DOCUMENT AND ACKNOWLEDGE IT IS A RELEASE OF CLAIMS.**
2. **I UNDERSTAND I ASSUME ALL RISK INHERENT IN ATTENDING AN EVENT AT AN SJA CAMPUS.**
3. **I ACCEPT THERE IS AN INCREASED RISK OF CONTRACTING COVID-19 WHILE AT SJA FACILITES.** I understand and accept the additional risks of contracting the COVID-19 virus while at SJA facilities. In addition to accepting this risk, I waive and release SJA from any and all claims, losses, and costs (including any and all medical costs) associated with participation of activities while at SJA facilities. I acknowledge that I could contract the COVID-19 virus outside of SJA in circumstances unrelated to my visit here.
4. **I GRANT FULL PERMISSION FOR PHOTO USAGE PER THE PHOTO RELEASE.**
5. **I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE WAIVER.**

Printed Name:	DATE: ____ / ____ / 2020	
Signature:	TIME IN: _____ am / pm	TIME OUT: _____ am / pm
Email Address _____ and/or	Phone #: (_____) _____ - _____	

EXAMPLE

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