



Diocese of Steubenville  
Office of Christian Formation and Schools

**COVID-19 Acknowledgement of Risks**  
(For Parents and Applicable Students\*)

We, the undersigned parent(s) and student, acknowledge and agree that, as a student at St. Benedict School and as parent(s) of that student, entering in the school or being on the premises, having personal contact with teachers, classmates, and other St. Benedict School staff, involves a certain degree of risk, namely of parent(s) and/or student acquiring a communicable disease, including COVID-19, and then potentially passing it on to others, including family members. Due to the highly contagious nature of COVID-19, the characteristics of the virus, and the close proximity of students, teachers, and staff at St. Benedict School, there is an elevated risk of student contracting the disease simply by being in the building, on the premises, or at any School function, including school sponsored athletic activities. The same is true for parent(s) of a student at St. Benedict School.

By signing this **Acknowledgement of Risks** below, we acknowledge and agree that after carefully considering the risks involved, and having the opportunity to discuss these risks with any healthcare professional(s) of our choosing, we voluntarily and willingly accept those risks and acknowledge that returning to in-person classes and other in-person school functions, including athletic activities, is the choice of each family, including ours. If student or parent(s) who visit the school have underlying health concerns which may place them at greater risk of contracting any communicable disease, including COVID-19, we acknowledge and agree that we will consult with a health care professional before student or parent(s) return to school, attend any school function, or visit the school. Moreover, we acknowledge that while adherence to safety and precautionary measures (e.g., social distancing guidelines, facemasks, handwashing, etc.) may reduce possible exposure to the risk of contracting a communicable disease, the possibility of serious illness and death remains. We do hereby accept and assume sole responsibility for any illness acquired by student or parent(s) while at [School] or any school function, including possible infection with COVID-19.

We further acknowledge, understand, and agree that we have obligations to the school and parish, its employees/staff members, students, and others to take certain precautions and make certain disclosures to prevent the spread of COVID-19 as outlined by the State of Ohio and the applicable local public health department. Additionally, we agree that neither student nor parent(s) will come to the school or any school function if in the last 14 days, student or parent(s) has had prolonged (more than 10 minutes) close contact (within 6 feet) with anyone, including a family member, diagnosed with or suspected of having COVID-19.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

*\*Any student choosing to participate in school sponsored athletics, band, marching-band, choir, cheerleading, majorettes or dramatics; shall read and sign this form as a condition of participation in any of these programs.*