

Church/Organization: St. John's Episcopal Church
Event/Activity: 10:30 AM Service
Date of Event:
Name(s) of Participant(s):
Phone Number:
Email Address:

Considering recent events, the health and wellbeing of our community is our paramount concern. Therefore, all participants at the above event are required to sign one of these forms and agree to voluntarily assume any risk of physically participating at this event.

Before attending, you agree that:

1. I understand my attendance and participation in the above event can pose a risk of COVID-19 or other contagious or infectious diseases to me, and if I am a high-risk person, as defined by the CDC, I should stay home and avoid participation;
2. If I have been recently exposed to COVID-19, I understand that I may pose a risk to others;
3. I agree that all of the following applies to me:
 - a. To my knowledge, I have not been in close or proximate contact with anyone who has had symptoms of COVID-19 in the past 14 days.
 - b. I have not tested positive for COVID-19, nor has any member of my household, in the last 14 days.
 - c. I have not experienced symptoms of COVID-19 in the past 14 days, including but not limited to fever, fatigue, difficulty breathing, or dry cough.
4. If there is an outbreak, my information may be shared with Public Health officials to engage in an approved contact tracing program. I understand that my information will be saved, and my information may be released to such Public Health Officials in the event it is needed for such a program.
5. I agree to follow all social distancing protocols in place at this event or activity and agree to wear a face mask while attending this event.

Your participating in person at this event is conditioned upon your acceptance and agreement to the above.

Thank you for helping us keep our community safe and healthy, we are all in this together!

Signature: _____ Date: _____