

## Attendance Agreement Form

Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Your Morning Temperature: \_\_\_\_\_

1. Do you have any signs of respiratory illness (i.e., sneezing, coughing, congestion, and/or new onset of shortness of breath)?  Yes  No
2. Do you or someone in your home have an active COVID-19 infection (been diagnosed in the last 14 days or still having symptoms)?  Yes  No
3. Are you or someone in your home currently in isolation for potential COVID-19 (e.g. awaiting results of a COVID test, traveled from a high risk area, known prolonged exposure with COVID patient, etc)  Yes  No

PLEASE SIGN BELOW INDICATING THAT YOU UNDERSTAND AND  
CONSENT TO THE FOLLOWING PARAGRAPHS:

In this current climate, there is an inherent risk of exposure to COVID-19 in any place where people gather. COVID-19 is caused by a virus and can spread from person to person. Its symptoms range from mild to severe illness or even death. While everyone is at risk of contracting this illness, the CDC has advised that there is special, higher risk for older adults and people of any age who have underlying medical conditions.

By entering this church, you acknowledge that you are aware of these risks, and that you personally and voluntarily assume any and all risk of exposure to, or any illness from, the COVID-19 virus.

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SIGNATURE