## ATCO ASSEMBLY OF GOD HEALTH/RELEASE FORM

While we cannot guarantee a germ-free environment, we are taking steps to help prevent transmission of Covid-19. Do you or anyone in your household have any of the following conditions:

Fever or chills	NO	YES	SYMPTOM
Headache   Sore throat   Diarrhea   Congestion or runny nose   Nausea or vomiting   Shortness of breath or difficulty of breathing   Muscle or body aches   Recently lost your sense of taste or smell   Are you caring for someone who is ill?   Have you been in contact with someone diagnosed with   Covid-19 in the last 14 days?    By signing this form, the participant acknowledges and accepts responsibility for any physical injury or illness, and accepts personal financial responsibility for any bodily or personal injury/illness sustained/transmitted during this activity. Further, the participant promises to hold harmless Atco Assembly of God, 615 Jackson Road, and its representatives for any injury related to or illness transmitted during this activity. If a dispute over this agreement or any claim for damages arises, the participant agrees to resolve the matter through a mutually acceptable arbitration process.  I have read and agree to the above statement and will adhere to the guidelines. I understand this information will not be shared with anyone without my written permission.  I am not, nor is anyone in my household, sick with a fever or showing any signs of cold, flu, Covid-19 symptoms. I have not nor has anyone in my household, been in contact with anyone who has had Covid-19 in the past 14 days.  Name / Email or Phone  1.  2.			Fever or chills
Sore throat			Cough
Diarrhea   Congestion or runny nose   Nausea or vomiting   Shortness of breath or difficulty of breathing   Muscle or body aches   Recently lost your sense of taste or smell   Are you caring for someone who is ill?   Have you been in contact with someone diagnosed with   Covid-19 in the last 14 days?    By signing this form, the participant acknowledges and accepts responsibility for any physical injury illness, and accepts personal financial responsibility for any bodily or personal injury/illness sustained/transmitted during this activity. Further, the participant promises to hold harmless Atco Assembly of God, 615 Jackson Road, and its representatives for any injury related to or illness transmitted during this activity. If a dispute over this agreement or any claim for damages arises, the participant agrees to resolve the matter through a mutually acceptable arbitration process.  I have read and agree to the above statement and will adhere to the guidelines. I understant this information will not be shared with anyone without my written permission.  I am not, nor is anyone in my household, sick with a fever or showing any signs of cold, flu, Covid-19 symptoms. I have not nor has anyone in my household, been in contact with anyowho has had Covid-19 in the past 14 days.  Name / Email or Phone  1.  2.			Headache
Congestion or runny nose   Nausea or vomiting   Nausea or vomiting   Shortness of breath or difficulty of breathing   Muscle or body aches   Recently lost your sense of taste or smell   Are you caring for someone who is ill?   Have you been in contact with someone diagnosed with   Covid-19 in the last 14 days?    By signing this form, the participant acknowledges and accepts responsibility for any physical injury or illness, and accepts personal financial responsibility for any bodily or personal injury/illness sustained/transmitted during this activity. Further, the participant promises to hold harmless Atco Assembly of God, 615 Jackson Road, and its representatives for any injury related to or illness transmitted during this activity. If a dispute over this agreement or any claim for damages arises, the participant agrees to resolve the matter through a mutually acceptable arbitration process.  I have read and agree to the above statement and will adhere to the guidelines. I understand this information will not be shared with anyone without my written permission.  I am not, nor is anyone in my household, sick with a fever or showing any signs of cold, flu, Covid-19 symptoms. I have not nor has anyone in my household, been in contact with anyow who has had Covid-19 in the past 14 days.  Name / Email or Phone  1.  2.			Sore throat
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