

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:

NO	YES	SYMPTOM
<input type="checkbox"/>	<input type="checkbox"/>	Fever or chills
<input type="checkbox"/>	<input type="checkbox"/>	Cough
<input type="checkbox"/>	<input type="checkbox"/>	Headache
<input type="checkbox"/>	<input type="checkbox"/>	Sore throat
<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	<input type="checkbox"/>	Congestion or runny nose
<input type="checkbox"/>	<input type="checkbox"/>	Nausea or vomiting
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath or difficulty of breathing
<input type="checkbox"/>	<input type="checkbox"/>	Muscle or body aches
<input type="checkbox"/>	<input type="checkbox"/>	Recently lost your sense of taste or smell
<input type="checkbox"/>	<input type="checkbox"/>	Are you caring for someone who is ill?
<input type="checkbox"/>	<input type="checkbox"/>	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, or 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. _____
3. _____
4. _____