

Statement of Agreement and Health Survey

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. We are doing everything we can to be compliant with all regulations and ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19.

Everyone who enters Knox is asked the following questions in order to comply with insurance and state guidelines. Please answer the following questions regarding your health.

Have you had a fever, temperature over 100.4, within the last 72 hours without taking a fever reducing medication? _____ Yes _____ No

Are you experiencing any symptoms of illness such as: cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell, nausea, vomiting, new confusion, disorientation or fatigue?
_____ Yes _____ No

In the last 14 days, have you, OR anyone you have been in close contact with: been diagnosed with COVID-19, been tested for COVID-19 with results still pending, been demonstrating COVID-19 like symptoms or been told by a physician or the Department of Public Health to quarantine for possible contact with or exhibit symptoms of COVID-19? _____ Yes _____ No

In the last 14 days, have you traveled internationally or to areas of this country with concerning increased levels of COVID-19? _____ Yes _____ No

By participating in programs, services, and activities of Knox Presbyterian Church, you agree to the following:

On behalf yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless Knox Presbyterian Church, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this church, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any church hosted or programmed event.

If any of these answers change from no to yes, prior to coming to Knox, please cancel your registration and stay home. If you need help canceling, please call the office at 630-355-8181.

Attendee Signature: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Printed Name: _____ Date: _____

Names of Minor Family Members (if any) attending with you today:

