**COVID-19 SCREENING QUESTIONNAIRE & WAIVER**

*This form must be completed by all congregants who desire in-person worship*

PLEASE PRINT LEGIBLY.

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Temperature\*:

*\*Temperature will be taken before entering the sanctuary*

Are you fully vaccinated?

Yes

No

*\*Proof of vaccination is required before entry will be permitted.*

Have you been diagnosed positive with COVID-19 within the last 14 days?

Yes

No

*\*If YES, please provide documentation of a subsequent negative test.*

Have you experienced any of the following symptoms: fever, shortness of breath or difficulty breathing, runny nose, loss of taste or smell, dry cough, sore throat, chills, muscle pain, headache, diarrhea or vomiting?

Yes

No

Have you been exposed to someone with a suspected or confirmed case of COVID-19 within the last 14 days?

Yes

No

*\*If YES, please provide documentation of a subsequent negative test.*

Have you traveled internationally within the last 14 days?

Yes

No

**If congregant answers “YES” to any of the questions above, he/she may not enter the sanctuary.**

Participant/Parent/Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

\*If the congregant is a minor and under 18 years of age, the parent/guardian must complete and sign this form on the minor’s behalf and indicate relationship to the minor.

**WAIVER OF LIABILITY AND RELEASE**

I hereby release and agree to hold Second Baptist Church harmless from and waive any and all causes of action, claims, demands, damages, costs, expenses and compensation for illness or death arising out of exposure to COVID-19 that may be caused by any act or failure to act during my participation in this event or activity on behalf of myself, my heirs, and any personal representatives. I understand that this Waiver discharges Second Baptist Church, its pastors, Trustee Board, and any of its officers/ministries and from any liability or claim that I, my heirs, or any personal representatives may have against Second Baptist Church arising out of exposure to COVID-19.

By initialing below, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in this in-person service and that such exposure or infection may result in personal injury, illness, permanent disability, and death. **Initials:**

**Attestation**

By voluntarily affixing my initials and signature to this **Waiver of Liability and Release**, I attest that I have read and fully understand this statement in its entirety and that my participation in this event is strictly voluntary and not under threats, duress or coercion by anyone.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Participant/Parent/Guardian’s Signature |  | Date |