

## Covid-19 Waiver Form

Due to the outbreak of the novel Coronavirus (COVID-19), First Newton UMC is doing everything we can to protect you, our participants, our community, and our staff. To this extent, First Newton UMC will be following the Center of Disease-Control (CDC) with regard to social distancing practices and sanitation. We ask that our participants disclose their health history and continue to implement these sanitation and disinfection procedures.

Symptoms of COVID-19 include: Fever, Fatigue, Dry Cough, Difficulty Breathing

### **I agree to the following:**

- I, nor members of my household, have not experienced any of the symptoms listed above within the last 14 days.
- I, nor members of my household, have not travelled internationally in the last 30 days.
- I, nor members of my household, do not believe that we have been exposed to someone with a suspected and/or confirmed case of the Coronavirus (COVID-19).
- I, nor members of my household, have not been diagnosed with the Coronavirus (COVID-19) within the last 30 days.
- First Newton UMC cannot be held liable from any exposure to the Coronavirus (COVID-19) caused by misinformation on this form or the health history provided by each participant.
- I agree to abide by the enhanced procedures listed below to ensure everyone's safety.

### **First Newton UMC is following these enhanced procedures to prevent the spread of the Coronavirus (COVID-19):**

-All participants must wear a mask when indoors, and when closer than 6ft to someone outdoors.

-Each participant that enters into the building will be temperature checked and agrees to our covid-19 safety guidelines.

-Each participant is required to wash their hands regularly and/or apply hand sanitizer.

-No more than two people are allowed inside the restroom at any one time.

**By signing below, I agree to release First Newton UMC from any and all liability for the unintentional exposure or harm due to the Coronavirus (COVID-19)**

**First Newton UMC agrees to abide by these standards and affirms the same.**

Date: \_\_\_\_\_ Participant Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

First Newton UMC Representative Signature: \_\_\_\_\_