

CORONA UNITED METHODIST CHURCH

Assumption of Risk and Waiver of Liability Relating to Corona Virus 19

COVID-19 is a serious, highly contagious respiratory illness that can spread from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produce when an infected person coughs, sneezes, sings, talks loudly.

Corona United Methodist Church (CUMC) has put in place preventive measures to reduce spread of COVID-19, but cannot prevent you and/or your children from becoming exposed to, contracting, or spreading COVID-19 while utilizing CUMC premises or services. It is not possible, even with heightened cleaning, social distancing, and mask wearing to prevent against the presence of the disease. Therefore, if you chose to utilize CUMC services and/or enter CUMC's premises you may be exposing yourself (and your children) to and/or increasing your risk of contracting or spreading COVID=19.

Assumption of risk: I have read and understood the above warning concerning COVID-19. I voluntarily agree to accept any and all risk of being exposed to COVID-19 for myself, my children and dependent adults in order to utilize CUMC's services and enter CUMC's premises.

Waiver of Lawsuit/Liability: I release and waive my right to bring suit against CUMC and The California-Pacific Annual Conference of the United Methodist Church in connection with exposure, infection, and/or spread of COVID-19 related to utilizing CUMC's services and premises. This waiver includes giving up my right to bring any claims including for personal injuries, disability, death, disease or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages.

I understand and agree that the law of the State of California will apply to this contract.

I have read and understand the provisions of this waiver/release, an on my behalf and on behalf of my dependents, freely and knowingly assume the risk and waive my/our rights concerning liability described above.

SIGNED: \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE: \_\_\_\_\_

Print names of dependents under age 18: \_\_\_\_\_

\_\_\_\_\_

Emergency contact Include name, phone, email, relationship.

\_\_\_\_\_

\*\*Please complete separate waiver form for each household member 18 years of age or older.

COVID SCREENING QUESTIONNAIRE - We want to ensure your health and safety.

Name \_\_\_\_\_ Date \_\_\_\_\_

Are you and your family members over the age of 2 willing to wear masks and socially distance?

If not, we ask you to return home and contact Pastor for any pastoral needs.

In the last 14 days, have you or a family member been exposed to or diagnosed with COVID 19?

If so, please remain home and contact Pastor for any pastoral needs.

Have you or any of your family members experienced any of the following in the last 48 hours:

Fever or Chills

New loss of taste or smell

Cough

Sore throat

Shortness of breath

Congestion or runny nose

Fatigue

Nausea or vomiting

Muscle or body aches

Diarrhea

Headache

If yes, please return home and contact your primary care provider. Our Pastor or Member Care will contact you. If necessary, we will contact health authorities.

Have you and your family members been vaccinated? (optional)

If so, please list the date: \_\_\_\_\_

Thank you for taking the time to care for our community of faith. Your information will be kept private and if needed only shared with the Pastor, a designated person from Member Care and County Health Authority.