

FELLOWSHIP CHRISTIAN REFORMED CHURCH IN PERSON ATTENDANCE WAIVER

****READ CAREFULLY BEFORE SIGNING**** ALTHOUGH THIS WAIVER IS REQUIRED TO ATTEND, BY SIGNING THIS FORM YOU MAY BE WAIVING CERTAIN LEGAL RIGHTS YOU AND/OR YOUR DEPENDENTS MAY HAVE.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I (and my children) may be exposed to or infected by COVID-19 by attending Fellowship Christian Reformed Church, and that such exposure or infection may result in personal illness, injury, permanent disability, or death.

I understand that if I am 60 years of age or older, or if I am immunocompromised due to medication or an existing health condition or disease, I may be more susceptible to death or serious illness from COVID-19 and am taking increased measures to avoid infection, including wearing a face mask, social distancing or participating in online services.

I understand that the risk of becoming exposed to or infected by COVID-19 at Fellowship Christian Reformed Church may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Fellowship Christian Reformed Church employees, volunteers, attendees, program participants and their families.

I agree while on premises or while participating in off-premises activities events of Fellowship Christian Reformed Church to abide by all rules and recommendations posted in signs on the premises and otherwise communicated in writing or verbally by Fellowship Christian Reformed Church its directors, officers, employees and volunteers, to protect my health and safety, including minors in my care.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any illness or injury to myself (or to my children), including, but not limited to, personal injury, disability, death, damage, loss, claim, liability, or expense, of any kind, that I (or my children) may experience or incur in connection with my (or my children's) attendance at Fellowship Christian Reformed Church or participation in its events, programs or activities.

On my behalf (and on behalf of my children), I hereby release, covenant not to sue, discharge, and hold harmless Fellowship Christian Reformed Church, its officers and directors, members, employees, volunteers, agents and representatives, of all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any all liabilities, claims, actions, damages, costs or expenses of any kind based on the actions, omissions, or negligence of Fellowship Christian Reformed Church, its directors or officers, employees, volunteers, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in any A Fellowship Christian Reformed Church program or activity.

Full Legal Name of Attendee, Parent or Guardian

_____, _____, 20____.

Signature of Attendee, Parent or Guardian

Date