



IFC COVID-19 SAFE CHURCH ATTENDANCE/WAIVER FORM

Your name: _____

Attending with: _____

1. Have you or anyone attending the church with you been tested positive to COVID-19 within the last 14 days?
2. Have you experienced any of the following symptoms in the past 14 days?
 - Chills
 - Fever (100.4 and above)
 - Loss of Taste or Smell
 - Headache
 - Nausea
 - Sore Throat
 - Body Pain
 - Congestion
 - Fatigue
3. Have you been in close contact (15 minutes or more) with anyone who has tested positive for COVID-19 or has symptoms consistent with COVID-19 in the past 14 days?
 - Yes
 - No

By signing below, I confirm that the information provided above is accurate and I agree to practice safe measures while attending church services. This includes: staying at least SIX feet apart from others, wearing a mask inside the church at all times, and leaving the premises immediately following the service

Further, I hereby release, covenant not to sue, discharge, and hold harmless Indians for Christ (IFC) , 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 my participation in IFC worship programs at Silver Spring United Methodist Church (SUMC) located @ 8900 Georgia Avenue, Silver Spring, MD. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of IFC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any such program, service or activity.

Signature: _____ Date: _____

Note: If you answer yes to items 1-3, please do not enter the building.