



This waiver and screening must be filled out by all participants at FUUFHC sponsored events held indoors or outdoors on FUUFHC Campus.

(For all off-campus FUUFHC events, the leader will take attendance from all those present)

Section 1: Waiver

Dear FUUFHC Members and Friends:

The novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The First Unitarian Universalist Fellowship of Hunterdon County (hereinafter "FUUFHC") is doing everything it can to be compliant with all regulations and ensure your safety. FUUFHC has put in place preventative measures to reduce the spread of COVID-19, but cannot guarantee that you or your family members will not become exposed and/or infected with COVID-19 by participating in programs, services, and activities of FUUFHC.

In voluntarily seeking to participate in programs, services, and activities of FUUFHC you acknowledge that you are increasing your risk of exposure to the COVID-19. You acknowledge that you will comply with all set procedures to reduce the spread while participating in programs, services, and activities of FUUFHC.

By participating in programs, services, and activities of FUUFHC, you agree to the following:

On behalf of yourself and your children, heirs, and any personal representatives, you hereby release, covenant not to sue, discharge, and hold harmless FUUFHC, 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 your participation in our programs, services, or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any such program, service, or activity.

Section 2: FUUFHC COVID-19 Screening Form

Important notice to all FUUFHC staff, members, and guests:

Please note that you may not enter any FUUFHC building without a mask. If you do not have a mask, please see the greeter or your supervisor. We request that only individuals or families who have registered to attend a Sunday service enter the building; seating is limited at this time. Please complete the following survey regarding the health status of you and your household. If you are experiencing any symptoms of respiratory illness, such as coughing, shortness of breath or fever, please do not attend services, or speak with the greeter before entering the building for services.

Questions for Coronavirus screening:

- 1) Have you or anyone in your household been diagnosed with COVID-19 in the past two weeks? Yes_____ No_____
- 2) Have you or anyone in your household been in close contact with anyone who has traveled out of New Jersey within the past two weeks to a place on the New Jersey quarantine list? Yes_____ No_____
- 3) Have you or anyone in your household traveled out of New Jersey within the past two weeks to a place on the New Jersey quarantine list? Yes_____ No_____

- 4) In the last 48 hours, have you or anyone in your household experienced any of the following COVID-19 symptoms? Fever or chills, cough, shortness of breath, chest pain, sore throat, new onset rash, fatigue, body aches, loss of taste or smell, new onset headache, new onset toe pain/toe rash, abdominal pain, nausea/vomiting, or diarrhea.

Yes _____ No _____

If an individual answers yes to any of these questions, they will not be permitted in any FUUFHC buildings at this time. We are trying to maintain healthy conditions for everyone at FUUFHC. Your cooperation is greatly appreciated.

Section 3: Signature

I attest that this information is accurate, and I agree to the terms of this release. If I or a member of my household attend a FUUFHC church service or event and is found to have been exposed or contracted COVID within ten days prior to the event, or tests positive within ten days after, I will notify the board president or Minister within 24 hours of learning this.

Signature: _____ Date: _____

Printed Name: _____

Contact Number (Required): _____

Names of Minor Family Members (if any):
