

COVID-19 LIABILITY RELEASE

Please answer the following with a "yes" or "no".

_____ Are you currently experiencing any of the following symptoms:

- Fever
- Cough
- Shortness of breath

_____ Have you experienced any of the following symptoms in the last 14 days?

- Fever
- Cough
- Shortness of breath

_____ In the last 14 days, have you had contact with someone being tested for COVID-19?

_____ In the last 14 days have you had contact with someone who has tested positive for COVID-19?

_____ In the last 14 days, have you traveled to any locations with high COVID-19 transmissions?

_____ Have you resided in a community where a community-based spread is occurring?

I acknowledge that I have answered the above questions to the best of my knowledge at this time.

By signing below, I also agree to release Southlake Church from any and all liability for unintentional exposure or harm due to COVID-19.

Print Name

Phone Number

Email Address

Signature

Date