

The Presbyterian Church of St. Albans

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Pastor Weldon B. Smith, B.Sc., CLP

Covid-19 Liability Waiver

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that The Presbyterian Church of St. Albans ("PCSA") have put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that PCSA cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, our staff, and other PCSA members, visitors and their families. I attest that:

1. I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
2. I have not traveled internationally within the last 14 days.
3. I have not traveled to a highly impacted area within the United States of America in the last 14 days.
4. I do not believe I had not been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
5. I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
6. I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold PCSA harmless from, and waive on behalf of myself, my heir's any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage due to Covid-19. I understand that this release discharges PCSA from any liability or claim that my heirs, any personal representatives, or I may have against PCSA with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services rendered/attended at PCSA.

Acceptance Signature

Date

Print Name

Telephone/Cell Number

Address

Emergency Contact Name, Address and Telephone Number