



GREEK ORTHODOX METROPOLIS OF CHICAGO  
**ST. IAKOVOS RETREAT CENTER**  
*A place of faith, a place of fellowship*

Participant Name \_\_\_\_\_ Dates of Stay \_\_\_/\_\_\_/2020 - \_\_\_/\_\_\_/2020

- 1) Have you traveled to any COVID-19 hot zone areas or outside of the United States in the last 14 days?
- 2) Do you or anyone that you live with have an autoimmune deficiency or compromised immune system that causes increased susceptibility to illness?
- 3) Have you or has anyone that you live with had any known contact with a laboratory-confirmed COVID-19 case?
- 4) Have you or has anyone that you live with had a *fever* in the last two weeks?
- 5) Have you or has anyone that you live with had a *cough* in the last two weeks?
- 6) Have you or has anyone that you live with experienced *shortness of breath* in the last two weeks?
- 7) Have you or has anyone that you live with been *sick* or “under the weather” in the last two weeks?

**If you answered yes to any of the above questions, please refrain from visiting the St. Iakovos Retreat Center at this time**

***By signing below, I certify that;***

- 1) I have not traveled outside of the United States in the last two weeks.
- 2) I, nor anyone that I live with, has an autoimmune deficiency, or compromised immune system that causes increased susceptibility to illness.
- 3) I, nor has anyone that I live with, been exposed to a laboratory confirmed COVID-19 case.
- 4) I, nor has anyone that I live with, experienced a fever, cough, shortness of breath, or been sick in the last two weeks.

***By signing below, I agree to the following while staying and in regards to the St. Iakovos Retreat Center***

- 1) I will observe and maintain a social distance space of 6 feet at all times.
- 2) I will bring and wear a face mask covering my nose and mouth at all times while indoors (except while eating and sleeping)
- 3) To the best of my ability I will practice proper, good, and safe hygiene including but not limited too; frequent and thorough handwashing and use of hand sanitizer.
- 4) If during my stay I start to feel ill, I will immediately notify my group leader, remove myself from the facility, and seek proper medical attention.
- 5) If during or within 14 days after my stay at the St. Iakovos Retreat Center I, or anyone I live with, test positive for COVID-19, I will immediately notify my group leader and the Director of the St. Iakovos Retreat Center at 262-864-9090.

\_\_\_\_\_  
Participant Signature  
St. Demetrius G.O. Church - Elmhurst, IL - Jr/Sr. GOYA

\_\_\_\_\_  
Date

\_\_\_\_\_  
Group Name

\_\_\_\_\_  
Legal Guardian Signature (if participant is under 18 years of age)  
Name

\_\_\_\_\_  
Legal Guardian Printed Name



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**WAIVER OF LIABILITY RELATING TO COVID-19/Coronavirus**

The coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contradiction are unknown, and there is no known treatment, cure or vaccine for COVID-19 to date.

**Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.**

**The St. Iakovos Retreat Center cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading COVID-19 while visiting the St. Iakovos Retreat Center premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to visit the St. Iakovos Retreat Center for any event, retreat, or other purpose, for any length of time, and enter onto the St. Iakovos Retreat Center premises you may be exposing yourself and others to and/or increasing your risk of contracting or spreading COVID-19.**

**ASSUMPTION OF RISK:** I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my child(ren) and others for which I am responsible in my group in order to visit St. Iakovos Retreat Center and enter onto the St. Iakovos Retreat Center premises for an event, retreat, or for any other purpose. Visiting the St. Iakovos Retreat Center or attending an event, retreat, or other purpose for which I and my child(ren) and others for which I am responsible in my group are of such value to me and my child(ren) and others for which I am responsible for in my group that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to visit the St. Iakovos Retreat Center or attend an event at, retreat at, or other purpose for entering onto the St. Iakovos Retreat Center premises in person.

**WAAIVER OF LAWSUIT/LIABILITY:** I hereby forever release and waive any right to bring suit against St. Iakovos Retreat Center and its owner, the Greek Orthodox Metropolitan of Chicago and any of the Metropolis of Chicago officers, directors, or employees, the St. Iakovos Retreat Center officers, directors, managers, officials, trustees, agents, employees, contractors or subcontractors, volunteers, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to visiting, attending an event or retreat, or for any other purpose for which I am entering onto the St. Iakovos Retreat Center premises. I understand this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

**CHOICE OF LAW:** I understand and agree that the law of the State of Wisconsin will apply to this contract.

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISION OF THIS WAIVER/RELEASE AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:**

Signature:  
Name (printed):

Date:

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature:  
Name (printed):

Date: