

***(To be completed just prior to event)***

## COVID-19 Clearance to Enter the Apison Retreat Center

1. Regardless of your vaccination status, have you experienced any of the following symptoms in the past 48 hours? fever or chills; cough; shortness of breath or difficulty breathing; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea?  
Yes ☐ No ☐
2. Have you been in close physical contact in the last 14 days with:
  - a. Anyone who is known to have laboratory-confirmed COVID-19? Or anyone who has any symptoms consistent with COVID-19? Yes ☐ No ☐
3. Are you isolating or quarantining because you tested positive COVID-19 or are worried that you may be sick with COVID-19? Yes ☐ No ☐
4. Have you traveled in the past 10 days on any form of public transportation with people who are not in your household? Yes ☐ No ☐

The above questions are answered to the best of my knowledge.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending this event at the Apison Retreat Center and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the facility may result from the actions, omissions, or negligence of myself and others, including, but not limited to, volunteers and program participants and their families.

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and to hold harmless Tres Dias of Southeast Tennessee (owner of the Apison Retreat Center), its agents and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Tres Dias of Southeast Tennessee, its agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in any activities at the Apison Retreat Center.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For those under 18, parent/guardian sign below:

Printed name of Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_