



I understand the novel coronavirus causes the disease known as COVID-19. I understand that the virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I hereby declare that neither I, nor anyone in my household, has experienced any cold or flu-like symptoms (to include fever, cough, sore throat, respiratory illness, difficulty breathing) in the 14 days prior to the date of planned attendance at any future services or events at St. Andrew's Church. If anyone in my household has had exposure to anyone with Covid-19 or experiences any cold or flu-like symptoms, I/we will not participate in any services or events for a minimum period of 14 days.

Alberta Health Services require self-isolation for 14 days from the date of return to Alberta from any country outside of Canada.

I hereby declare that neither I, nor anyone in my household, has visited, or had a layover in, any country outside of Canada in the 14 days prior to the date of my planned attendance at any future services/events at St. Andrew's Church.

I hereby agree, on behalf of myself and all members of my household, to wear a face mask covering nose and mouth at all times while on church premises (unless under the age of 2 years).

I hereby accept, on behalf of myself and all members of my household, the risk in choosing to attend services/events and release St. Andrew's Church, its staff and volunteers, from any liability and all claims that I/we may have, or have in the future, for any loss or damage that I/we may suffer due to contracting COVID-19, including sickness or death, as a result of attending any services or events at St. Andrew's Church.

I understand that these declarations and agreements will remain in effect during the entire COVID-19 pandemic. By signing/submitting this waiver on behalf of myself and all members of my household, I agree to all the above provisions.

\*Required

\* Name: First \_\_\_\_\_ Last \_\_\_\_\_

\* Signature: \_\_\_\_\_

\* Email address: \_\_\_\_\_

\* Date Waiver Agreement form submitted Month/Day/Year \_\_\_\_\_

\* Household Members Names:

First \_\_\_\_\_ Last \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_

If this is a Google Form, please ensure you press "SUBMIT" to send your reply to [office@standrewscalgary.ca](mailto:office@standrewscalgary.ca)

If this is a paper form, please mail to: St. Andrew's Church Office, 703 Heritage Drive SW Calgary, AB T2V 2W4

Questions? Call the office at 403.255.0001 or email [office@standrewscalgary.ca](mailto:office@standrewscalgary.ca)