

Cornerstone Community Baptist Church
3636 Dixon Street
Temple Hills, MD 20748
Rev. Charles W. Bynum II, Pastor

Cornerstone Baptist Community Church COVID-19 Waiver

DATE _____

NAME _____

ADDRESS _____

PHONE NUMBER _____ HAVE YOU BEEN VACCINATED? Y N

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 Cornerstone Baptist Community Church has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Cornerstone Baptist Community Church 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, attendees and their families.

I voluntarily attend services provided by Cornerstone Baptist Community Church and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending church.

I attest that:

* I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or loss of taste or smell.

* I have not traveled outside of the United States within the last 14 days.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

*** 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 Cornerstone Baptist Community Church harmless from, and waive on behalf of myself, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the church, or that may otherwise arise in any way in connection with any services received from Cornerstone Baptist Community Church. I understand that this release discharges Cornerstone Baptist Community Church from any liability or claim that I, my heirs, or any personal representatives may have against the church with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Cornerstone Baptist Community Church. This liability waiver and release extends to the church together with all owners, partners, and employees.

SIGNATURE _____