Unitarian Universalists of Mt. Airy

Attendance Record for Event

Date of Event_____

Name of Group_____

Covid Risk Level_____

Read the documents which accompany this attendance record which includes the Covid Symptom list and Liability Waiver.

Complete the form as requested:

1. Attendees must be fully vaccinated to attend the event.
2. On the attendance record for the event and give the information requested.
3. Read the Covid Protocols for Outside Group Use for the designated risk level for your event so that you can understand the restrictions/protocols needed at your event.
4. If you answer Yes to having any of the Covid symptoms, please leave the event.
5. If you are not able to agree to the Liability Waiver, please leave the event.
6. The attendance record will be used for Covid tracking. Please report to your event coordinator a positive Covid test.
7. It is the responsibility of the event coordinator to contact every participant of the event if a participant has tested positive.
8. The event coordinator needs to contact the Unitarian Universalists of Mt. Airy should anyone test positive after the event.

Clearly print your name	Phone Number	Email	I understand the Covid Protocols for Outside Groups for the given risk level. Write Yes or No Initial your response	Do you have Covid Symptoms? Write Yes or No and Initial your response	Do you agree to the Liability Statement? Write Yes or No and Sign