**ONE BIG DAY COVID-19 HEALTH SCREENING**

**All participants and adult leaders must fill these two pages out within 48 hours before attending One Big Day. Do not submit it with the initial registration form. Please give it to your youth ministry leader before attending the event.**

**PARTICIPANT NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PARTICIPANT  VOLUNTEER  OTHER:**

We are committed to providing a safe and healthy ministry for all volunteers, participants, and leaders. Please fully complete this form 48 hours before your child’s arrival at One Big Day (August 7, 2021).

Carefully consider how you have been feeling. If completing this form for a child, indicate **Yes** or **No** on behalf of the child. **In the past 14 days**, have you had any of these symptoms?

 Yes No Yes No

Cough or shortness of breath   New loss of taste or smell  

Sore throat   Unexplained fatigue  

Fever of 100.4° or higher   Vomiting or nausea  

Chills   Diarrhea  

Muscle or body aches  

**Carefully read each question. In the past 14 days: Yes No**

Have you tested positive for an infectious disease or a virus?  

Are you waiting on a test result for an infectious disease or a virus?  

Have you been in close proximity for 15 minutes or more to anyone who tested

positive for, or has symptoms consistent with, an infectious disease or virus?  

**Answering Yes to any question may mean you (or your minor child) will not be permitted to enter onto the property of *Minnehaha Academy* and/or to engage in the activity named above. You (or your minor child) may be advised to return when feeling well or required to obtain a medical evaluation and/or approval from a medical provider before being granted access to the premises or being permitted to participate in the *Northwest Conference of the Evangelical Covenant Church’s One Big Day event.***

**I certify that I have answered all questions honestly.**

PARTICIPANT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PARENT/GUARDIAN (if participant is a minor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT’S TEMPERATURE TODAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page 1 of 2

**REQUIRED CORONAVIRUS SUPPLEMENTAL RELEASE**

Page 2 of 2

Coronaviruses, like COVID-19, SARS, and the common cold, are a large family of viruses that can cause mild to severe upper or lower respiratory infections. Coronaviruses are contagious and believed to be spread by person-to-person contact.[[1]](#footnote-1) As a preventative measure, *The Northwest Conference of the Evangelical Covenant Church [hereafter noted as “NWC”]* follows and recommends safety practices from federal, state, and/or local authorities designed to reduce the spread of coronaviruses.

*The NWC and my child’s sponsoring church [hereafter noted as “Sponsor Church”]* cannot guarantee that I (or my minor child) will not be exposed to, become infected with, or suffer injury from a coronavirus or other communicable/infectious disease or sickness while on the premises, while traveling to One Big Day activity, or while engaged in a One Big Day-related activity.

By signing this agreement, I acknowledge the contagious nature of coronaviruses and other communicable/infectious diseases and sicknesses. I voluntarily assume the risk that I (or my minor child) may be exposed to, infected by, or suffer injury from a coronavirus or other communicable/infectious disease or sickness while at One Big Day, while being transported in connection with the One Big Day event, or while participating in a One Big Day-related activity. I further acknowledge that such exposure or infection may result in bodily injury, personal injury, emotional injury, illness, permanent disability and/or death, as well as medical expenses and other costs for myself (or my minor child).

I understand that the risk of becoming exposed to, infected by, or injured from a coronavirus or other communicable/ infectious diseases or sicknesses at *One Big Day* may result from the acts, errors, omissions, or negligence of myself and others, including, but not limited to, *the NWC and Sponsor Church* leaders, employees, volunteers, and other participants. I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury, illness, or death to myself (or my minor child).

On behalf of myself (or my minor child), I hereby release and promise to indemnify, defend, and hold harmless *the NWC and Sponsor Church*, its employees, leaders, owners, agents, and representatives, of and from any claim of any kind. A claim includes all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to the exposure to, contraction of, or injury from a coronavirus or other communicable/infectious disease or sickness.

PARTICIPANT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. NAME OF PARENT/GUARDIAN (if participant is a minor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. NAME OF PARENT/GUARDIAN (if participant is a minor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. “Coronaviruses.” *National Foundation for Infectious Diseases*, updated August 2020. https://www.nfid.org/infectious-diseases/coronaviruses. [↑](#footnote-ref-1)