**A picture containing drawing

Description automatically generatedRockcliffe Pentecostal Church**

**Declaration of Compliance and Assumption of Risk   
Related to Coronavirus/Pandemic**

**Please take time to read this document before completing. If you need extra time, you may take it home and return it next week. This form is valid from date of signing until December 31st, 2020. Everyone over 18 years of age must sign their own waiver in order to participate in RPC events.**

The pandemic is highly contagiousand is known to spread mainly from person-to-person contact. By attending Rockcliffe Pentecostal Church (RPC), you agree to abide by the procedures established by RPC to protect attendees and staff, and you voluntarily assume the risk that you and/or your family may be exposed to or infected by the pandemic virus either at RPC by attending the service, or by participating in any of RPC-sanctioned programs. You understand that such exposure to the pandemic virus may result in personal injury, illness, permanent disability, and death. You agree to assume all the risks of attendance and participation for you and your family, and accept sole responsibility for any injury to yourself and/or your family, including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense of any kind that may be experienced in connection with your or your family’s attendance at RPC or participating in RPC programming. You understand and agree to waive any liability against RPC, agents, employees and representatives from any claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

❑(please initial) Valid from July 5, 2020 to December 31, 2020

❑(please initial) As we cannot guarantee that you will not become exposed or infected by the pandemic virus, you assume the forgoing risks and accept sole responsibility for participating in RPC activities.

❑(please initial) As a parent/guardian, I also assume the risks for my children and those under my care while participating here at RPC.

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Signature Date

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Print Name