



Peak Encounter Retreat/Event Attendee Pledge and Waiver

I, _____, pledge to the following:

- I understand that I must return to my home if:
 - I have experienced symptoms of COVID-19 in the last three (3) days;
 - I share a household with someone who began to experience the symptoms of COVID-19 in the last fourteen (14) days;
 - I have a fever over 100.4 degrees or visible signs of illness.
 - I develop signs of illness while at a Peak Encounter Retreat/Event.

- I will adhere to all enhanced safety protocols and guidelines implemented and shared by Peak Encounter Ministries safety protocols, which may include but which are not limited to the following:
 - Wearing a mask/face covering in all public areas where the retreat/event will take place
 - Six feet social distancing when with non-family members.
 - Frequently washing hands with soap and water or use of hand sanitizer
 - Observing entrance and exit patterns for all buildings
 - Wear wrist band during event after wellness check is complete

- I pledge that I have not traveled to or from a known “hot spot”, according to the Commonwealth of PA, for COVID-19 within the last 14 days.

- I pledge to inform Peak Encounter Ministries should I develop symptoms or become ill with COVID-19 within 14 days of being on the location of the retreat/event to allow for notification of staff and retreat attendees.

- I pledge to adhere to any additional measures required by the hosting venue of this event, where applicable.

- I understand that my privacy will be maintained in these matters.

By signing this agreement, I acknowledge, agree, and represent that I am aware of the contagious nature of COVID-19 and the recommended measures to limit its spread. I agree to follow all of the guidelines put in place by Peak Encounter Ministries and the hosting venue where applicable, to follow instructions specified by Peak Encounter Ministries and to follow best practices to limit the spread of COVID-19. I voluntarily assume the risk that I may be exposed to or infected by COVID-19 and that such exposure or

infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions or negligence of myself and others, including other retreatants.

Retreatant name:

Retreatant signature:

If under the age of 18, parent/guardian signature is required:

Phone Number: _____

Email: _____

Date: _____

As required by the State of PA, what is your expected location for the next 14 days? (Ex: Town/ State)

Wellness Check questions for retreatants:

- Within the last 14 days, have you experienced a new cough that you cannot attribute to another health condition? YES/NO
- Within the last 14 days, have you experienced new shortness of breath that you cannot attribute to another health condition? YES/NO
- Within the last 14 days, have you experienced new muscle aches that you cannot attribute to another health condition? YES/NO
- Within the last 14 days, have you had a temperature at or above 100.4 or the sense of having a fever? Without medication? YES/NO
- Within the last 14 days, have you experienced any other COVID-19 related symptoms? YES/NO
- Within the last 14 days, have you had close contact with or cared for someone who is currently sick with, suspected of, or confirmed case of COVID-19? (close contact is defined as within 6 ft. for more than 10 consecutive minutes) YES/NO
- Within the last 14 days, have you traveled within/from an area considered to be a current "hot spot" for COVID-19? YES/NO

Thank you so much for taking the time to fill this out!

Peak Encounter Ministries

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