

FALL BACK GROUP LEADER AGREEMENT

We all have a part to play in maintaining a safe, ongoing interaction that protects our community. Group Leaders will be required to sign and submit this form when registering their group for Fall Back.

HEALTH SCREENING

I will ask each participant (12 and older) if they have been vaccinated. If they have, they may attend. If not, then they must answer no to the remaining 3 questions, on the day of departure for Fall Back, in order to attend with their group.

1. Have you been vaccinated?
 - a. If yes, fine.
 - b. If no, please answer the following:
2. Are you feeling sick?
 - a. If yes, then stay home. (Participant may not attend.)
3. Are you experiencing flu-like symptoms or have you on the past 14 days? (Fever, cough, shortness of breath, chills, shaking with chills, muscle pain, headache, sore throat, or other cold or flu-like symptoms)?
 - a. If yes, then stay home (Participant may not attend.)
4. In the past 7 days, have you been in contact with someone who has been diagnosed with the covid-19 infection?
 - a. If yes, then stay home. (Participant may not attend.)

As much as individuals would like to attend, and as much as we want to see them, it is better for them, and others, that they not attend if any of the above statements are true of them.

SOCIAL DISTANCING

I will ensure my group is seated together and distanced from other groups in the tabernacle.

MASKING

I will tell my students they need to bring masks with them to Fall Back and will encourage them to wear masks during all indoor activities.

GROUP LEADER NAME _____

DATE _____ CELL # _____

CHURCH NAME & TOWN _____