



Fall Back Weekend Health Compliance Form

I, _____ (LEADER NAME), acknowledge I have:

- Informed all students, parents, and adult participants of the risk of exposure to Covid-19 by participating in Fall Back Weekend retreat.
- Exercised due diligence in health checks prior to departure and ensure that I have brought no participants who have been recently exposed to COVID or are experiencing any symptoms.

And I will:

- Ensure our group is seated together and have at least one row between us and others while in indoor sessions.

Church Name: _____ Phone #: _____

Group Leader Signature: _____ Date: Oct 15, 2021