

KAPPA KAPPA KAPPA, INC COVID-19 WAIVER

Insert Chapter Name: _____

Event Name: _____

Location of Event: _____

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), Kappa Kappa Kappa, Inc. is taking extra precautions with the care of every attendee to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

Symptoms of COVID-19 include: • Fever • Fatigue • Dry Cough • Difficulty Breathing

I agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a “hot spot” for COVID-19 infections within the past 30-days.
- I understand that Kappa Kappa Kappa, Inc. cannot be held liable under any circumstances for any exposure to the COVID-19 virus caused by misinformation on this form, the health history provided by each attendee or any other means that an attendee might have exposed themselves to by attending this event.

Our organization is following these enhanced procedures to prevent the spread of COVID-19:
Requiring the use of Masks • Social Distancing • Hand Sanitizers

By signing below, I agree to each statement above and release Kappa Kappa Kappa, Inc. and the _____ chapter of Kappa Kappa Kappa, Inc. from all liability for exposure or harm due to COVID-19.

Signature: _____

Date: _____