

Community Fellowship - Student Ministry

Expectations and protocol regarding COVID-19:

COVID-19 has resulted in changes in how we gather. Due to ongoing health cautions and restrictions related to gatherings, CF requests your full cooperation. We must be intentional in providing reasonable guidelines and precautions for the common good of all who attend and participate in our corporate gatherings and events: As such:

- Please check your (and your family members) **temperature** before attending youth group events
- **Please stay home** - if you are sick, if you (or a family member) have a fever, if you have recently tested positive for COVID-19 with or without symptoms, *or if you have been in close contact with a person who is positive with COVID-19.*
- Come **wearing your mask**. If you are walking you are masking! Masks are optional once seated in your seat that is socially distant from others. **For student ministry events, masks must be worn during transportation, inside buildings and in cases that the event is asking us to wear one.**
- Please observe and maintain all **social distancing protocol**, in the building but also while coming and going. Distance 6 feet from others. Refrain from handshakes and hugs. Minimize touching surfaces.
- Now that you have read and understand the attendance guidelines, protocol and expectations - please read the attendance registration form below and enter your name on the form as having read this document.

Participation Agreement:

I/We acknowledge that participation in gatherings and activities at and through Community Fellowship (CF) **may involve personal risk** to myself and others in my family/party (anyone registered for participation under my name).

I/we understand and **accept personal responsibility** for my/our participation in CF gatherings/activities and for outcomes arising from my/our participation.

I/we have read, understand and accept the attendance guidelines and protocol and I/we will do our best to **avoid and/or minimize risk** to ourselves and others by adhering to the stated guidelines and protocol.

Name _____

Date _____