

Perquimans County Senior Citizens Center
COVID-19 Risk Informed Consent and Release Re-Opening Waiver

I, _____, am choosing to attend the Perquimans County Senior Citizens Center and understand the coronavirus; COVID-19 has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; as a result federal and state health agencies recommend social distancing and other preventive measures such as wearing masks, washing hands frequently, staying home if feeling sick, and using hand sanitizer often. I hereby acknowledge and assume the risk of becoming infected with COVID-19 while at the Perquimans County Senior Center and release all staff, participants, the Senior Center and Perquimans County Government/Officials from responsibility regarding contracting COVID-19 and any related conditions or illnesses. Each day at the Center, participants will have their temperatures taken and be asked the questions set out herein below. Participants must give verbal consent on this waiver each visit.

1. Do you have a fever, cough, shortness of breath or difficulty breathing? Yes No
2. Do you have at least 2 of the following symptoms: chills, shaking with chills, muscle pain, headache, sore throat or recent loss of taste or smell? Yes No
3. Have you had any of these symptoms since your last visit to the Center? Yes No
4. Have you been a part of a large gathering within the last 2 weeks? Yes No
5. Have you been in contact with or possibly been exposed to anyone with COVID-19 since your last visit to the Center? Yes No

Important – If you answer yes to any of the above questions, the Perquimans County Senior Center staff has the right to ask you to return to your home until these symptoms are gone for a minimum of 72 hours without medication or in the case of exposure after the 14-day isolation period. I have read the above and fully understand its contents.

I voluntarily agree to the terms and conditions stated above. Failure to follow guidelines may result in a loss of access to the center until further notice.

_____ Date: _____

Signature