

TENRIKO FACILITY COVID-19 ACKNOWLEDGEMENT FORM

COVID-19 SAFETY INFORMATION: While participating in events held or sponsored by the Tenrikyo organization, social distancing must be practiced and face coverings worn to reduce the risk of COVID-19 transmission. Because COVID-19 is extremely contagious and is spread mainly from person-to-person, the Tenrikyo organization has put in place preventative measures to reduce the spread of COVID-19. However, the Tenrikyo organization cannot guarantee that its participants or others that come into contact with the participants will not become infected with COVID-19.

Individuals who fall within any of the categories below should not engage in face-to-face Tenrikyo events. In order to attend such Tenrikyo events, we require that you do not fall into any of the following categories:

1. Individuals, or their family members in the same household, who currently or within the past three (3) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath;
2. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and have not yet been cleared as non-contagious by a PCR Test, or COVID-19 Rapid Antigen Test, or by a health care team responsible for their treatment.

DUTY TO SELF-MONITOR: Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath). Should you experience symptoms of COVID-19 within 5 days after visiting the Tenrikyo facility, please notify the Tenrikyo facility immediately. The Tenrikyo organization shall keep your personal information confidential.

ASSUMPTION OF RISK: I acknowledge and understand the following risks can occur as a result of participating in the Tenrikyo event:

- Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of illness does exist;
- The participant knowingly and freely assumes all such risks related to illness and infectious diseases, such as COVID-19. Such risks also include the potential spread of infection of COVID-19 to your family members if the participant becomes infected with COVID-19.

I have carefully reviewed and understand the contents of this form. Please complete the information below.

Signature

Date

Printed Name

Phone Number

Email Address