**Informed Consent for In-Person Attendance at Liturgy**

**During COVID-19 Public Health Crisis**

The Parish of the Nativity of the Holy Virgin intends as best it can to follow all mandated Archdiocesan safety protocols and county regulations for public worship services. However, the county medical officer has advised us that public gatherings may nevertheless present an increased possibility of contagion even if safety precautions are taken, and therefore he has asked us to inform you that your participation may increase the risk for yourself and your family.

If you are over the age of 50 or have a chronic or underlying medical condition, a gathering increases your risk of contracting the virus or if you do contract the virus it may have a greater chance of creating serious illness that could even result in death.

**If you fall into this high-risk category and/or if you feel sick, are displaying COVID-19 symptoms (especially fever, cough or difficulty breathing) or if any of these symptoms are being experienced by someone in your household, you should stay home. The church cannot guarantee that there is no risk of infection for attendees.**

**All attendees must:**

* **Wear face coverings**
* **Wash hands frequently and use hand sanitizer when hand washing is not available.**
* **Avoid touching eyes, nose, or mouth with unwashed hands.**
* **Observe Social Distancing by staying at least 6 feet from others.**

By reserving a place at the service you indicate that you have read and that you understand these risks and agree to abide by all safety protocols and to follow all other instructions that may be given, and that you acknowledge the risks involved. This information will be kept confidential to the extent the law allows, and is protected from law enforcement and immigration authorities.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Names of Family Members Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**