



# Waiver to Attend In-Person Activity of the International Order of the Rainbow for Girls

Date: \_\_\_\_\_ Assembly: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

By signing this waiver, I acknowledge that no one in our household currently has nor has experienced COVID-19 symptoms, has knowingly been exposed to anyone diagnosed with COVID-19, or has traveled outside the country within the last 14 days. I understand that IORG, the grand jurisdiction, or the local assembly will not and cannot be held liable for any reason, including but not limited to any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each person who voluntarily chooses to attend any IORG activities. Should anyone in my/our household become ill, I agree to immediately notify the Mother Advisor of her assembly so that any health concerns for other members can be addressed.

By signing below, I accept personal responsibility for my own choices to allow participation in IORG activities, meetings and events, and release, hold harmless and indemnify the International Order of the Rainbow for Girls, the grand jurisdiction, and the local assembly from any and all liability for unintentional exposure or harm due to COVID-19, and any other viruses or bacteria which might be present or allegedly present in or on this building, property, grounds, and paraphernalia.

Signature of Legal Guardian and/or Visiting Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Rainbow Girl: \_\_\_\_\_ Date: \_\_\_\_\_

## Health Questionnaire Form

**(Must be completed by a Certified Chaperone prior to entry any gathering, meeting or activity)**

Temperature (by use of touchless thermometer): \_\_\_\_\_

### Questions:

- Have you felt like you have had or have you had a fever in the past 72 hours? Yes No
- Have you taken any fever reducing medication in the past 24 hours? Yes No
- Have you been diagnosed with Covid-19 or have been tested in the past 10 days? Yes No
- Do you live in the same household with, or have you had close contact with, someone who in the past 14 days has been asked to be quarantined for Covid-19, or had a test confirming that they have the virus? Yes No

Have you had any one or more of the following symptoms within the past 24 hours which are new to you and not explained by any other reason?

Fever or feeling feverish (chills, sweating)	Yes	No
New cough	Yes	No
Difficulty breathing	Yes	No
Sore throat	Yes	No
Muscle aches or body aches	Yes	No
Vomiting or diarrhea	Yes	No
New loss of taste or smell	Yes	No
Feeling unusually weak or fatigued.	Yes	No

Signature of COVID-19 Certified Chaperone: \_\_\_\_\_

**Retain completed form in the Assembly COVID-19 Binder**

If you have any questions, please email [caiorg.covid19@gmail.com](mailto:caiorg.covid19@gmail.com)