



*United Methodist Church
of Westport and Weston
49 Weston Road
Westport, CT 06880*

Rev. Heather A. M. Sinclair, Pastor

Dear Attendee,

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregating of groups of people. Based on our values to care for others, The United Methodist Church of Westport and Weston has put in place Protocols for Worship and Groups to ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, including, but not limited to, cleaning and sanitizing; guidelines for enforcing social distancing and face mask wearing; and contactless worship elements, but we cannot guarantee that you or family members will not become infected with COVID-19.

By participating in the programs, services and activities of the United Methodist Church of Westport and Weston, you agree to compliance with the Protocols for Worship, including not attending gatherings if you are ill or exhibiting symptoms; careful consideration of attendance if you are in, or care for someone in, a vulnerable category; proper face mask wearing; social distancing of six feet or more; and refraining from physical touch. The full Protocols are posted at www.westportumc.org.

On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless The United Methodist Church of Westport and Weston, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs and expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during or after participation in any such programs, services or activities.

I authorize The United Methodist Church of Westport and Weston through its trustees, officers, directors, employees, agents or representatives to obtain such medical care or treatment for me as may be necessary while participating in this activity. I understand and acknowledge that The United Methodist Church of Westport and Weston does not provide health or medical insurance in connection with activities and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in activities.

Signature: _____

Printed Name: _____

Date: _____

Names of Minor Family Members (if any):
