



**ISP Spiritual Reflection  
COVID-19 Health Waiver**

\_\_\_\_\_

First & Last Name

\_\_\_\_\_

Date

Please read and answer the following questions as truthfully as possible. We appreciate your honesty!

Have you experienced symptoms (cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, or new loss of taste or smell) or been treated for the Coronavirus/COVID-19 in the last 30 days?    No        Yes

Have you been in contact with someone affected by the Coronavirus/COVID-19 in the last 14 days?        No        Yes

Please initial:

\_\_\_\_\_ I agree to wear a face mask at all times during this ISP spiritual reflection session.

\_\_\_\_\_ I agree to maintain an appropriate amount of distance (3-6 ft.) from others in the group.

I voluntarily seek to participate in today’s ISP spiritual reflection session and acknowledge that by doing so I may be increasing my risk of exposure to the Coronavirus/COVID-19. I hereby release and agree to hold the Ignatian Spirituality Project (ISP) harmless from, and waive any action, claims, demands, damages, or compensation for any bodily injury, illness or medical treatment that may be caused by, or arise in connection with, my participation in today’s reflection program.

\_\_\_\_\_

Signature

(\_\_\_\_\_)\_\_\_\_\_

Phone Number (for contact tracing if necessary)