

**To be completed for each Advisor planning to attend VA State activity.**

**This form must be brought to the activity.**

Name of participant (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In light of the recent outbreak of Covid-19, Virginia DeMolay has put a number of safety measures in place to protect our DeMolays, advisors and guests. Please review these procedures and complete this form.

**Procedures**

1. Room occupancy will be limited to two (2) persons to a room.
2. Temperatures will be taken prior to leaving for the event. We will also take temperatures again on arrival at the activity site and then again daily.
3. Social distancing will be observed as much as possible. Each individual must take personal responsibility for social distancing.
4. Virginia DeMolay has changed the format of several events to maximize social distancing, however there will be several events (sporting events) that may make social distancing an issue.
5. Individual masks will be provided.
6. Hand sanitizer will also be provided and each member will be encouraged to use it frequently.

**Participation Questionnaire**

1. Have you traveled outside of Virginia in the last 30 days? \_\_\_\_\_\_\_\_\_\_, Where? \_\_\_\_\_\_\_\_\_\_\_\_
2. Have you been exposed to anyone who has been diagnosed with Covid-19? \_\_\_\_\_\_\_\_
3. Have you experienced an unusual cough, shortness of breath or difficulty breathing, in the last 30 days? \_\_\_\_\_\_\_\_
4. Have you had a fever recently? \_\_\_\_\_\_\_

**If the answer to any of these three questions is YES, we will not be able to allow you to attend.**

**Temperature**

Prior to leaving \_\_\_\_\_\_\_\_\_\_ On Arrival \_\_\_\_\_\_\_\_\_\_ Saturday \_\_\_\_\_\_\_\_\_

I hereby agree to release and hold harmless \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter Order of DeMolay, the DeMolay Advisors of said DeMolay Chapter, The Virginia DeMolay Association, The Virginia DeMolay Foundation, DeMolay International and their officers and representatives, from any and all claims which may arise out of my son’s (ward’s) participation in or attendance at a DeMolay activity, including during transportation to and from said activity.

I have read and agree to abide by the enclosed Virginia DeMolay activity Rules for all participants.

Signature of Advisor \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_