

ALPHA KAPPA ALPHA SORORITY, INCORPORATED®
COVID-19 SCREENING QUESTIONNAIRE & WAIVER

This form must be completed by all participants before the in-person activity.

PLEASE PRINT LEGIBLY.

First Name: _____

Last Name: _____

Email Address: _____

Mobile Number: _____

Temperature*: _____

**Temperature will be taken by the sponsoring chapter/event organizers prior to entry.*

Are you fully vaccinated?

_____ Yes

_____ No

**Proof of vaccination is required before entry will be permitted.*

Have you been diagnosed positive with COVID-19 within the last 14 days?

_____ Yes

_____ No

**If YES, please provide documentation of a subsequent negative test.*

Have you experienced any of the following symptoms: fever, shortness of breath or difficulty breathing, runny nose, loss of taste or smell, dry cough, sore throat, chills, muscle pain, headache, diarrhea or vomiting?

_____ Yes

_____ No

Have you been exposed to someone with a suspected or confirmed case of COVID-19 within the last 14 days?

_____ Yes

_____ No

**If YES, please provide documentation of a subsequent negative test.*

Have you traveled internationally within the last 14 days?

_____ Yes

_____ No

If participant answers “YES” to any of the questions above, immediately notify the sponsoring chapter/event organizers and await further instructions before permitting entry.

Participant/Parent/Guardian's Signature

Date

**If the participant is minor under 18 years of age, the parent/guardian must complete and sign this form on the minor's behalf and indicate relationship to the minor.*

WAIVER OF LIABILITY AND RELEASE

I hereby release and agree to hold Alpha Kappa Alpha Sorority, Incorporated harmless from and waive any and all causes of action, claims, demands, damages, costs, expenses and compensation for illness or death arising out of exposure to COVID-19 that may be caused by any act or failure to act during my participation in this event or activity on behalf of myself, my heirs, and any personal representatives. I understand that this Waiver discharges Alpha Kappa Alpha Sorority, Incorporated, its employees or representatives from any liability or claim that I, my heirs, or any personal representatives may have against the sorority arising out of exposure to COVID-19. The Waiver of Liability and Release extends to members of the Board of Directors, employees, and participating members of Alpha Kappa Alpha Sorority, Incorporated.

By initialing below, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in this activity or event or other Alpha Kappa Alpha Sorority, Incorporated activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. **Initials:** _____

Attestation

By voluntarily affixing my initials and signature to this **Waiver of Liability and Release**, I attest that I have read and fully understand this statement in its entirety and that my participation in this event is strictly voluntary and not under threats, duress or coercion by anyone.

Participant/Parent/Guardian's Signature

Date