



Malvern Retreat House Retreat/Event Attendee Pledge and Waiver

I, _____, pledge to the following:

- I understand that I must return to my home if:
 - I have experienced symptoms of illness in the last three to 24 hours.
 - I share a household with someone who began to experience the symptoms of Covid-19 in the last 5 days.
 - I have a fever over 100.4 degrees or visible signs of illness.
 - I develop signs of illness while at Malvern Retreat House.
- I will adhere to all protocols and code of conduct implemented and shared by Malvern Retreat House.
- I pledge to inform Malvern Retreat House staff should I develop symptoms or become ill with Covid-19 within 5 days of being on campus to allow for notification of staff and retreat attendees. I understand that my privacy will be maintained in these matters.
- I understand by attending this retreat I hereby grant Malvern Retreat House approval to photograph or video/record my image/voice for use in social media/mailings/publications etc. Should I not want to be videotaped/photographed I will remove myself from the area being taped/photographed.

By signing this agreement, I acknowledge and agree to follow all the protocols put in place by Malvern Retreat House (MRH), to follow instructions specified by MRH staff, and to follow best practices to limit the spread of illness, including Covid-19. I voluntarily assume the risk that I may be exposed to illnesses (including Covid-19) and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Further, I understand that the risk of becoming exposed to or infected by illnesses may result from the actions, omissions or negligence of myself and others, including other retreatants.

Retreatant name: _____

Retreatant signature: _____

If under the age of 18, parent/guardian signature is required: _____

Phone Number: _____

Email: _____

Date: _____