[Your Faith Centre Name and Logo]

**Attendee Consent Form**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree to abide by the faith centre’s Covid-19 social distancing guidelines. I can confirm that I have read the guidance provided and that I am willing to abide by the regulations in place.

I confirm that I will wear Personal Protective Equipment at all times whilst within the faith centre’s premises. Although all precautions are taken by [Name of Faith Centre] to minimise the risk of transmission of the coronavirus or any other infection, I do understand that there may be a small risk that it could be transmitted whilst at the faith centre.

I understand that these regulations are in place to protect myself and other attendees of the faith centre.

Name: ……………………………………………………………..

Signature: ……………………………………………………………..

Date: ……………………………………………………………..

**[Your logo]**

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Name: ……………………………………………………………..

Signature: ……………………………………………………………..

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