CoDA COVID-19 ATTENDANCE RECORD

revised December 21, 2020

In attending this meeting, you are knowingly accepting the risk of exposure to COVID-19 from other participants or from this facility. By your signature below, you are waiving any legal right of action against the facility and its staff, CoDA, this Group or any of its organizers or volunteers, in this regard.

By completing and signing this Attendance Record, you are also consenting to allow your information to be released to the Public Health authorities for the purposes of contact tracing should it be required.

If you decline to complete and sign this attendance record and waiver, you will be required to leave this meeting immediately.

GROUP NAME: _____ CITY & PROVINCE: _____

DATE	NAME (please print)	Phone Number OR Email Address	SIGNATURE