

Health and Safety Leader Agreement in Response to COVID-19 Pandemic

Group Name: _____ Leader Name: _____

As the leader of _____, I, _____, promise to confirm that all members of my group are following CDC guidelines for gathering together. I also will make certain that members showing any signs of illness (sore throat, cough, diarrhea, severe headache, vomiting, body aches, etc.) do not attend our event.

Full Name of Leader: _____ (print)

Signature of Leader: _____

Date: _____