



*Confrerie de la Chaîne des Rôtisseurs
Greater Washington, DC Chapter
Judith Mazza, Bailli*

Date

Name (printed)

During this time, the Bailliage of Greater Washington is exercising the utmost caution to ensure the health and well-being of our Bailliage members and guests attending our events. Please email a copy of this form to Bailli@laChaineDC.com or Presse@laChaineDC.com

By signing this form, I consent to disclosure of my health information solely for the purpose of attendance at an event:

1. I am fully vaccinated against COVID-19, and that the requisite amount of time has passed since my immunization occurred.
2. I certify that I am not currently experiencing any COVID or COVID-like symptoms or the symptoms of any other illness (e.g., cold, flu).
3. I certify that I have not traveled internationally to a high-COVID impact region in the last 14 days.
4. I understand that being vaccinated is a pre-requisite to attend any in-person functions of the Bailliage of Greater Washington.
5. I understand that I assume the health risks associated with attendance at an event regardless of my COVID vaccination.

Signed

This form and the information contained in it will only be used for the purpose of attendance at an event sponsored by the Bailliage of Greater Washington, will be maintained in a secured manner and will not be shared.