**CADE CHAPEL MISSIONARY BAPITST CHURCH**

**1000 W. Ridgeway Street**

**Jackson, MS 39213**

***APPLICATION FOR VOTER TRANSPORTATION***

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| TRANSPORTATION WILL BE PROVIDED TO THE CIRCUIT CLERK’S OFFICE ON SEPTEMBER 26, OCTOBER 10, 24, 31, 2020.TRANSPORATION WILL BE PROVIDED TO PRECINCTS***10, 11, 13, 18, 19, 20, 22, 23, 27,28, 29, 30 and 83*** ON NOVEMBER 3, 2020. |

\*\* Please note that you must wear a mask; bring hand sanitizer and be willing to have your temperature taken before going aboard the Cade Chapel Baptist Church vehicle. For concerns, please call (601) 366-5463. Please complete the form below for voter transportation.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone#\_\_\_\_\_\_\_\_\_\_

Person to contact in case of emergency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*ABSENTEE VOTING: You must apply for transportation by September 24, 2020.*

**A. I wish to vote on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the Circuit Clerk’s office.**

 **(date**)

*NOVEMBER 3, 2020 VOTING: You must apply for transportation by October 15, 2020.*

**B. Place a check by the Precinct at which you wish to vote on November 3, 2020.**

 \_\_\_\_ 10 \_\_\_\_11 \_\_\_\_13 \_\_\_\_ 18 \_\_\_\_ 19 \_\_\_\_20 \_\_\_\_\_ 22

 \_\_\_\_ 23 \_\_\_\_27 \_\_\_ 28 \_\_\_\_ 29 \_\_\_\_ 30 \_\_\_\_83

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**Please read the waiver of liability and sign.**

CADE CHAPEL MISSIONARY BAPTIST CHURCH

COVID-19 Liability Waiver

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Name Last Name

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that **CADE CHAPEL MISSIONARY BAPTIST CHURCH** has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that, **CADE CHAPEL MISSIONARY BAPTIST CHURCH**  cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, CHURCH STAFF, and CHURCH families.

I voluntarily seek services provided by **CADE CHAPEL MISSIONARY BAPTIST CHURCH,** and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

\* I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

\* I have not traveled internationally within the last **30** days.

\* I have not traveled to a highly impacted area within the United States of America in the last **30** days.

\* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

\* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

\* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold **CADE CHAPEL MISSIONARY BAPTIST CHURCH,** harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the **CHURCH**, or that may otherwise arise in any way in connection with any services received from **CADE CHAPEL MISSIONARY BAPTIST CHURCH**. I understand that this release discharges **CADE CHAPEL MISSIONARY BAPTIST CHURCH** from any liability or claim that I, my heirs, or any personal representatives may have against the CHURCH with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from **CADE CHAPEL MISSIONARY BAPTIST CHURCH**. This liability waiver and release extends to the **CHURCH** together with all owners, partners, and employees.

Signature

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