

Updated St. Francis Retreat Center COVID Policies

- **ALL retreatants must now be fully vaccinated before attending a retreat.**
- **Those who register for an Individual/Private Retreat must comply with the Safety and Pledge and Waiver Guidelines on the following pages.**
- **Please reschedule your visit if you become ill or if someone you are in close contact regularly with is diagnosed with COVID.**
- **Guests who have completed their vaccines are not required to wear a mask or social distance.**
- **Meals are now served in the guest refectory (dining area) again. Entrance is through the front guest door only and not through the line with the monks.**
- **Retreatants may now attend all services in the church; they may sit in the designated choir stalls with the monks. These stalls are first come, first served; if they are full, please sit in the visitors' area.**
- **Fr. Guerric may be available for Spiritual Direction or Sacrament of Reconciliation at designated times.**

As we navigate a new way of operating our Retreat Center, we appreciate your understanding, support and patience. Mepkin Abbey will continue to monitor the information from federal, state, and local governments and we reserve the right to update these guidelines based on any changes or new information from these entities as well as our unfolding experience at the retreat center.

Fr. Guerric Heckel ocso, St Francis Retreat Center Director

Retreatant Name: _____

Date: _____

Wellness check-in questions for retreatants:

- Within the last 14 days, have you experienced a new cough that you cannot attribute to another health condition? YES/NO
- Within the last 14 days, have you experienced new shortness of breath that you cannot attribute to another health condition? YES/NO
- Within the last 14 days, have you experienced new muscle aches that you cannot attribute to another health condition? YES/NO
- Within the last 14 days, have you had a temperature at or above 100.4 or the sense of having a fever? Without medication? YES/NO
- Within the last 14 days, have you had close contact with or cared for someone who is currently sick with, suspected of, or confirmed case of COVID-19? (Close contact is defined as within 6 ft. for more than 10 consecutive minutes) YES/NO
- Within the last 14 days, have you traveled within/from an area considered to be a current “hot spot” for COVID-19? YES/NO

Mepkin Abbey
St. Francis Retreat Center
Retreatants Pledge and Waiver

I, _____, pledge to the following:

- I understand that I must return to my home if:
 - I have experienced symptoms of COVID-19 in the last three (3) days
 - I shared a household with someone who began to experience the symptoms of COVID-19 in the last fourteen (14) days
 - I have a fever over 99.0 degrees or signs of any illness
 - I develop signs of illness while at Mepkin, St. Francis Retreat Center
- I will adhere to all safety protocols and guidelines implemented and shared by Mepkin Abbey, St. Francis Retreat Center, including but not limited to the following:
 - Using good hygiene practices, including hand sanitizer and washing hands regularly
 - Refraining from any contact or communication with the monastic community with the exception of the Guest master or his delegate
- I will inform the Guest master or Retreat Center Staff should I develop symptoms or become ill with COVID-19 within 14 days of being at Mepkin to allow for contact tracing of other retreatants and staff. I understand that my privacy will be maintained in these matters.

By signing this agreement, I acknowledge, agree and represent that I am aware of the contagious nature of COVID-19 and the recommended measures to limit its spread. I agree to follow all of the guidelines put in place by Mepkin Abbey, St. Francis Retreat Center. I voluntarily assume the risk that I may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions or negligence of others, and myself including other retreatants.

Retreatants name: _____

Retreatants signature: _____

Phone Number: _____

Email: _____

Date: _____