



Dearest Community,

We want to see you! The Talmud teaches that we are also responsible for one another and in that tradition, we ask that you sign the following waiver to acknowledge none of us want to do *anything* that would spread Covid - 19 in our synagogue.

**TO REGISTER: EMAIL THIS COMPLETED FORM TO ADMIN@TBILA.ORG**

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Waiver, Release and Hold Harmless Agreement - In Person Services

In consideration of permission granted by TEMPLE BETH ISRAEL OF HIGHLAND PARK AND EAGLE ROCK allowing me to participate in On Site Services and Activities (the “Activity”), I (together with my parent or guardian, if I am under the age of eighteen (18) or under a legal disability) represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows:

1. I acknowledge that participating in the Activity involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or in part by the negligence or other fault of TEMPLE BETH ISRAEL OF HIGHLAND PARK AND EAGLE ROCK and/or its trustees, affiliates, employees, officers, agents, volunteers or insurers (the “Released Parties”).
2. I waive all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such Claims.
3. I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys’ fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.
4. I am familiar with and hereby waive and relinquish any rights or benefits which I may have under California Civil Code Section 1542 with regard to the waiver set forth in paragraph 2 above. Section 1542 states:



“A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released Party.”

5. I understand and acknowledge that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any such program, service or activity.

6. I understand and acknowledge that I have reviewed the [CDC guidelines](#)<sup>1</sup> related to the Corona - 19 Virus as applicable on the date of execution of this agreement. I agree that all members of my party will abide by these guidelines as applicable to us on the day of the event. I understand and acknowledge that failure to abide by these guidelines may result in my being expelled from this event.

7. I agree not to attend services or events if I am feeling ill, have a temperature above 98.6F, or have been Covid - 19 positive within the last 14 days.

8. I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement. I understand it fully and I execute it voluntarily.

EXECUTED for Services and Events conducted on June 12th 2021 through December 31 2021.

_____	_____	<u>Yes / No</u>
Participant Signature Participant	Printed Name	Vaccinated
_____	_____	<u>Yes / No</u>
Participant Signature Participant	Printed Name	
_____	_____	<u>Yes / No</u>
Participant Signature Participant	Printed Name	
_____	_____	<u>Yes / No</u>
Participant Signature Participant	Printed Name	
_____	_____	<u>Yes / No</u>
(For Minors) Parent/Guardian Signature	Parent/Guardian Printed Name	

<sup>1</sup> <http://publichealth.lacounty.gov/media/Coronavirus/>



\_\_\_\_\_  
(For Minors) Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

Yes / No