

By signing below, I Affirm to Practice All the Above Covid Guidelines and Measures

PLEASE PRINT

First Name: _____ Last Name: _____

Address _____

Phone: _____ Mobile: _____

Please Confirm the Following Statements:

Have you or anyone in your household been diagnosed with Covid-19?	Yes No
If yes, have you/they been tested again and received a negative test result for Covid-19?	Yes No Not Applicable
Have you experienced Flu like symptoms in the last 14 days?	Yes No

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. DOS has put in place preventative measures to reduce the spread of COVID-19; however, DOS cannot guarantee that you will not become infected with COVID-19. Further, attending DOS could increase your risk and your family's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending DOS 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 at DOS may result from the actions, omissions, or negligence of myself and others, including, but not limited to, DOS employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at DOS or participation in DOS programming ("Claims"). On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless DOS, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of DOS its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any of the Shul's programs.

By signing here, I agree to the above Assumption of the Risk & Waiver of Liability Relating to COVID19

Please list all of your Family Members Here - By Signing their name here you Agree to the Assumption of Risk for your family

