



JEWISH FAMILY & CAREER SERVICES

We transform lives.

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.

Jewish Family & Career Services, Inc. ("JF&CS"), has put in place preventative measures to reduce the spread of COVID-19; however, JF&CS **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, attending in-person appointments with JF&CS **could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that myself and/or my child(ren) may be exposed to or infected by COVID-19 by attending in-person appointments with JF&CS 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 JF&CS, or while working with JF&CS staff and/or volunteers may result from the actions, omissions, or negligence of myself and others, including, but not limited to JF&CS, their employees, volunteers, and other participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or my child(ren) (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my attendance or my child(ren)'s attendance at in-person appointments with JF&CS. On my behalf and/or on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless JF&CS, 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 JF&CS, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation

in any in-person appointments with JF&CS. I will follow all JF&CS COVID protocols which include wearing a mask on all JF&CS sites. I will report all unusual symptoms and especially those related to COVID-19 to JF&CS staff.

Name of Client

Print name of Signer (if parent/guardian)

Signature of client/parent/legal guardian

Date

Must initial below to affirm vaccination, provision of evidence of vaccination, health status and permission or declination to not wear a mask.

_____ I have been completely vaccinated and may participate in JF&CS Programs and/or in-person sessions without a mask if I choose and when and where permitted by JF&CS staff.

_____ I have provided evidence of COVID-19 vaccination (COVID Vaccination card) to the JF&CS staff below.

_____ I also confirm that there are no medical conditions that would prevent me from safely participating in any JF&CS Programs and/or in-person sessions without a mask.

_____ I also understand I may still be required to wear a mask upon entering facilities and in common areas.

OR

Decline permission to not wear a mask. _____ (*initial refusal*)

Witness, JF&CS Staff member (name/signed)

Date

Name of Client

Print name of Signer (if parent/guardian)

Signature of client/parent/legal guardian

Date

