



Help Stop the Spread of
COVID-19

MJCC MEMBER + GUEST CONSENT ACKNOWLEDGMENT OF RISK + RELEASE

Guest Member # _____

The Mittleman Jewish Community Center (MJCC) requests all members and guests who use or visit the MJCC’s facilities to follow the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) for best practices to avoid influenza and respiratory illnesses such as COVID-19. The CDC’s recommendations include proper hygiene techniques, proper sanitation of equipment before and after use, social distancing, and submitting to temperature checks and screenings prior to MJCC access. The CDC’s COVID-19 homepage, with links to guidelines, can be found here: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>.

I attest that I have not experienced one or more severe symptoms associated with COVID-19 within the last fourteen days (including, cough; shortness of breath or difficulty breathing; chills or repeated shaking; runny nose; fatigue; sore throat; muscle pain; headache; loss of taste or smell), and am not still within a quarantine period as recommended by a healthcare provider. I agree that I will not attempt to access the MJCC facilities unless I can attest to this statement on each visit. Any Member or guest who experiences these symptoms while on the MJCC premises must leave immediately.

I am electing to enter the MJCC and participate in MJCC activities at my own risk. I hereby acknowledge and assume the risk of becoming infected by COVID-19 by being at the MJCC and assume all economic risks resulting from such infection. I further acknowledge and agree that I expressly assume any risks associated with accessing or using the MJCC facilities, including exposure to third parties and any illnesses or communicable diseases they may be carrying.

I agree that I may be subject to a temperature check and screening each time I visit or utilize the MJCC’s facilities. I understand that the screening is not diagnostic, and it only seeks to determine whether I have symptoms currently associated with COVID-19. I authorize the MJCC to take my temperature and ask questions about my potential exposure to, and symptoms associated with COVID-19.

THIS DOCUMENT IS A BINDING AGREEMENT THAT AFFECTS MY RIGHTS AND MY ABILITY TO HOLD OTHERS RESPONSIBLE/LIABLE FOR ANY DAMAGES, INJURIES, OR CLAIMS I MAY OTHERWISE HAVE. I HAVE READ AND UNDERSTAND THIS MEMBER + GUEST CONSENT. I AM VOLUNTARILY SIGNING THIS CONSENT WITHOUT DURESS OR UNDUE INFLUENCE. I FURTHER UNDERSTAND THAT, BY SIGNING IT, I AM RELEASING CERTAIN LEGAL RIGHTS I MIGHT OTHERWISE HAVE.

Print Name

Signature

Date

**For Member + Guests under 18 years of age, parental consent is required. Parent or Guardian must sign above on behalf of the following minors:*

Minor - Print Name

Minor – Print Name

Minor – Print Name

Mittleman
Jewish Community Center

