



Waiver/Release for COVID-19 & other Communicable Diseases

In consideration of being a staff member, patron, client, volunteer, or other agent of Nutley Family Service Bureau, Inc., the undersigned acknowledges, appreciates, certifies, and agrees that:

1. My participation/involvement includes possible exposure to and illness from infectious diseases, including COVID-19 and other communicable diseases. While particular rules and personal discipline may reduce this risk, participants should research all possible risks in order to make their own informed decision.
2. If I have a pre-existing health condition, exposure to COVID-19, or any other infectious disease may be more likely to cause serious complications to such pre-existing health conditions.
3. Nutley Family Service Bureau, Inc. cannot ensure that other participants, including staff members, patrons, clients, volunteers or other agents are taking precautionary measures to mitigate risks to ensure the health and safety of other volunteers and staff members, and therefore, participation in any Nutley Family Service Bureau, Inc. scheduled appointment or event involves risk of exposure to COVID-19 and other communicable disease; and,
4. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF DEEMED TO ARISE FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
5. *I certify that I have not recently tested positive for, and am not exhibiting symptoms of COVID-19, which include a fever, cough, shortness of breath or difficulty breathing, loss of taste or smell, headache, chills, diarrhea, muscle, or body aches and/or sore throat.*
6. *I certify that to my knowledge I have not been otherwise exposed to COVID-19.*
7. *I certify that I have not been contacted by anyone or any agency expressing the possibility that I have been exposed to COVID-19.*
7. I willingly agree to comply with all recommendations provided by Nutley Family Service Bureau, Inc. to ensure safe participation in scheduled appointments or events. If, however, I observe any unusual or significant hazard during my presence or participation, I will immediately remove myself from participation and bring such to the immediate attention of the nearest staff member, .

8. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS NUTLEY FAMILY SERVICE BUREAU, INC., and their staff, volunteers and agents, WITH RESPECT TO ANY AND ALL ILLNESS, INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____ Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE & Legal Guardianship

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and understand my responsibility for ensuring that my child/ward adheres to the rules and regulations for protection against communicable diseases. I for myself and as parent or legal guardian, and child or legal ward do consent and agree to his/her release provided above for all the Releasees and for myself, and for my child or legal ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ legal ward's presence or participation in any NFSB activities, EVEN IF ARISING FROM THE RELEASEE'S NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____ Date signed: _____

Name of child/legal ward: _____

RETURN TO WORK AFTER EXPOSURE [IF APPLICABLE]

I certify that I notified my supervisor and NFSB's COVID coordinator of any household family member/roommate who has recently tested positive for or exhibited the above-referenced symptoms of COVID-19. My family member/roommate and I have quarantined, at a minimum, for the recommended time as defined by the CDC.

Name of participant: _____

Participant signature: _____ Date signed: _____