

I understand that it is HCRJ's policy that everyone must wear a mask covering their nose and mouth while inside the building. I also certify that should anyone on this reservation be exhibiting symptoms of Covid-19 (including but not limited to fever, cough, congestion, sore throat, headache) or been exposed to someone who tested positive for Covid-19 that they will not attend Shabbat Services in person. Temperatures will be taken upon entering the building, social distancing will be enforced and only members from the same household may sit together.

Further, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family and I may be exposed to or infected by COVID-19 in connection with accessing HCRJ's facilities 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 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, HCRJ, its employees, volunteers, and event/program participants and their families. IN CONSIDERATION OF MY AND MY FAMILY'S ACCESSING HCRJ'S FACILITIES, I HEREBY ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY FAMILY AND/OR MYSELF (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH, ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND), THAT I AND/OR MY FAMILY MEMBERS MAY EXPERIENCE OR INCUR IN CONNECTION WITH ANY OF MY/OUR ACCESSING HCRJ'S FACILITIES ("CLAIMS"). ON MY BEHALF, AND ON BEHALF OF MY FAMILY, IN CONSIDERATION OF MY AND MY FAMILY'S ACCESSING HCRJ'S FACILITIES, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS HCRJ, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, OF AND FROM ANY AND ALL 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 AND ALL CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF HCRJ ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, WHETHER A COVID-19 INFECTION OCCURS BEFORE, DURING, OR AFTER MY AND/OR MY FAMILY'S ACCESSING HCRJ'S FACILITIES.