

## COMMUNICABLE DISEASE HOLD HARMLESS AND RELEASE

**THIS IS A LEGALLY BINDING AGREEMENT. PLEASE THOROUGHLY READ AND REVIEW BEFORE SIGNING. BY SIGNING THIS DOCUMENT, YOU ARE AGREEING TO THE TERMS AND RELEASE OF LIABILITY CONTAINED HEREIN.**

The undersigned, on behalf of myself, heirs and successors, or on behalf of my child, (child's name if applicable: \_\_\_\_\_), hereby acknowledge and assume the risk of contracting communicable diseases, including but not limited to, SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES, through the use of fields, restrooms, recreational areas and structures, and any other recreational facility (hereinafter referred to as "Facilities") of the Township of Roxbury (hereinafter referred to as "Township") and further acknowledge that the Township makes no representation or guarantee regarding the safety from infections of communicable diseases, such as SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES through the use of Township Facilities. The undersigned understands the risk of becoming exposed to and/or infected by communicable diseases, such as SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES that may result from the actions, omissions, and negligence of the undersigned and others, including, but not limited to, Township staff and employees and other users of Township Facilities.

The undersigned further acknowledges that the United States Centers for Disease Control and Prevention (hereinafter "CDC"), the New Jersey Department of Health (N.J.D.O.H.), and County and Township Departments of Health recommend practicing social distancing and agree that while using the Township Facilities that the undersigned will observe all recommended practices for reducing the risk of communicable disease, including SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES.

The undersigned further represents that: (1) the undersigned is not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell; (2) have not traveled internationally within the last 14 days; (3) have not traveled to a highly impacted area within the United States of America in the last 14 days; (4) have not been exposed to someone with a suspected and/or confirmed case of the SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES; (5) have not been diagnosed with Covid-19/Coronavirus and not yet cleared as non-contagious by state or local public health authorities; (6) is following all CDC and N.J.D.O.H. recommended guidelines as much as possible and limiting exposure to SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES.

**The undersigned, on behalf of myself, heirs and successors, or on behalf of my child, (child's name if applicable: \_\_\_\_\_), hereby releases and holds-harmless the Township, its officers, employees, volunteers and assigns, from any and all liability and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss, with respect to any illness, bodily injury, death, medical treatment, or damage of any kind whatsoever that may arise from, or in connection with contracting any communicable disease through the use of Township Facilities and irrevocably waives such rights.**

Name: \_\_\_\_\_

SIGNED: \_\_\_\_\_

Child's Name (If applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Date: \_\_\_\_\_