

TOWNSHIP OF SOUTH BRUNSWICK

Office on Aging • 540 Ridge Road • Monmouth Jct, NJ 08852

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Covid19 Senior Center Waiver

As a program participant, and member of the South Brunswick Senior Center, I acknowledge the existence of the COVID-19 virus, the dangers of the virus and the potential exposure to the virus that could occur as I participate in activities sponsored by the South Brunswick Senior Center. Activities included but are not limited to outside fitness classes, outside gatherings and other services provided to members of the senior center, some of which may take place within the physical building.

I acknowledge that I have not tested positive or shown signs of COVID-19, that I have not been in contact with any person in the past 14 days who has tested positive for COVID-19 or who is waiting for results of a test for COVID-19 and I have not within the last 14 days arrived from or been in contact with someone who has travelled abroad or from out of state, that requires a 14-day quarantine.

I hereby assume the risk of all conditions or occurrences which may be encountered, and waive all claims for damages, injury or loss to my person and/or property which may be caused, by my participation in the Fitness and/or Recreational activity for which I am a participant. I waive any and all specific notice of the existence of any adverse conditions or occurrences and waive all claims I may have as a result of any act or omission of the Township of South Brunswick, its agents, employees or volunteers. I hereby covenant not to sue the Township of South Brunswick, its agents, employees or volunteers, for any claim arising out of my participation or for any act, omission or condition occurring during my participation.

I also agree to hold harmless, Township of South Brunswick, its agents, employees or volunteers for any exposure to or lawsuit or other claim by anyone as a result of the COVID-19 virus causing injury, illness or other damages arising from participating in any South Brunswick Senior Center activity on or off premises.

Participants Signature _____ Date _____