COVID-19 ACKNOWLEDGMENT FORM FOR WASHINGTON TOWNSHIP **DEPARTMENT OF RECREATION**

BACKGROUND

Signature of Program Participant(s)

WASHINGT	ON	TOWNSH	IP and	the	WASHI	NGTON	TOWNSHIP	Department	of	Recreation
"WASHING	TON	TOWNSH	IP" offe	r the	public the	option to	participate in	or attend inde	or a	and outdoor
physical, soc	cial ar	d education	onal pro	gram	s/activities	s ("Recre	ation Program	s") held on V	VAS	HINGTON
TOWNSHIP	prope	erty and ot	her publ	ic and	d semi-pul	olic place	s accessible to	large numbers	sof	people on a
daily basis.										

physical, social and educational programs/activities ("Recreation Programs") held on WASHINGTON FOWNSHIP property and other public and semi-public places accessible to large numbers of people on a daily basis.
Due to the COVID-19 pandemic, individuals age 18 or older who wish to enroll themselves, their child or other dependent family member into a Recreation Program, or who seeks to volunteer in a Recreation Program, must complete, sign and return this Acknowledgment Form to the <u>RECREATION DIRECTOR</u> by no later than
ACKNOWLEGMENT
I/WE acknowledge that I/WE have been provided with, read and fully understand this Acknowledgment Form, the Center for Disease Control's ("CDC") and the New Jersey Department of Health's ("NJDOH") information and guidelines regarding COVID-19 and Multisystem Inflammatory Syndrome in Children)("Pandemic Illnesses"), and the WASHINGTON TOWNSHIP Department of Recreation's "COVID-19 Operational Plan" for 2021.
I/WE further acknowledge that the Pandemic Illnesses: (1) are highly contagious and may cause serious permanent bodily injury, including death, of healthy persons of all ages; (2) are subject to changing recommendations on limiting risk of exposure and spread; (3) remain prevalent throughout New Jersey; (4) are highly likely to spread to persons in direct contact with or in close proximity to (within about 6 feet) an infected person; (5) believed by the CDC/NJDOH to spread by droplets produced into the air when an infected person coughs, sneezes, talks or otherwise moves air out through their nose and mouth, and from touching surfaces on which droplets containing the virus exist.
I/WE further acknowledge that attending or participating in a Recreation Program poses an inherent and heightened risk of exposure, infection and bodily injury from the Pandemic Illnesses regardless of preventative measures taken by WASHINGTON TOWNSHIP.
I/WE,(hereinafter "I/WE), acknowledge and represent that I/WE am/are the parent(s)/legal guardian(s) of:
Signature of Parent(s)/Guardians Date

Date

Sport/Activity