

Neshanic Reformed Church
Assumption of Risk Related to Coronavirus/COVID-19

(Please print clearly)

Full Participant Name: _____ Age: (if under 18 yrs.) _____

Home address: _____

City/State/Zip: _____

Email address (adult/parent or guardian): _____

Best phone number (adult/parent or guardian): _____ (circle one: cell / land line)

By signing this ASSUMPTION OF RISK RELATED TO CORONAVIRUS/COVID-19, I represent to Neshanic Reformed Church (“NRC”) that I understand and agree to the following with respect to worship, meetings, and other activities of NRC (the “ACTIVITY”).

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or be infected by COVID-19 resulting from the actions, omissions, or negligence of myself or others, including, but not limited to, exposure to NRC staff, members, visitors, volunteers and contractors who may currently have or had, who have been exposed to, or are in quarantine related to COVID-19.

I acknowledge that Neshanic Reformed Church has put in place preventative measures to reduce the spread of the COVID-19 and are complying with all CDC, state and local guidelines.

I further acknowledge that Neshanic Reformed Church cannot guarantee that I will not become infected with the COVID-19.

I voluntarily attend the Activity and acknowledge that I am increasing my risk to exposure to the COVID-19.

I acknowledge that I must comply with all set procedures to reduce the spread while attending the Activity.

Accepted and Agreed:

Signature (Individual or Parent/Guardian)

Date

Print Name of Signatory

Name of Participant