



Participation Agreement, Waiver, Agreement Not to Sue, Assumption of Risk and Release of Liability (the “waiver”) for Access to the Facilities of the Princeton Senior Resource Center (PSRC)

I wish to access the buildings, use the facilities, and/or participate in the onsite programs of the Princeton Senior Resource Center (PSRC) consistent with New Jersey Governor’s executive orders, New Jersey Department of Health guidelines, and the CDC requirements relating to the opening of buildings, facilities, and recreational activities as well as other requirements of PSRC.

I acknowledge that this waiver will be used and relied upon by PSRC, and its officers, directors, trustees, employees, representatives, and volunteers (the “Released Parties”) and that this waiver will govern my actions and responsibilities. **I have been made aware that although PSRC has taken steps to make the facilities reasonably safe, it cannot guarantee that I will not contract COVID-19 when using them. Further, I agree to follow all guidelines and requirements of PSRC for use of the building and understand that failure to do so will lead to being asked to leave the premises.**

In consideration of allowing me to utilize the facilities and participate in programs, I hereby agree to the following for myself, my executors, administrators, heirs, next of kin, successors, and assigns:

- A. I understand and accept the risks involved in utilizing the facilities at this time relating to the COVID-19 pandemic.
- B. I agree to abide by all stated and posted rules, requirements, and conditions imposed by any governmental entity and agency, including any agency of the State of New Jersey or the municipality of Princeton, and by the Princeton Senior Resource Center, including (but not limited to) the agreements contained below in section D. I agree to observe social distancing when possible and to properly* wear an approved face covering while using the facilities, unless such use is waived pursuant to a valid medical waiver or I have confirmed my vaccine status as fully vaccinated (at least two weeks following final shot).

- C. I waive, release, and discharge the Released Parties (as defined above) from any and all liability for my illness, death, disability, personal injury, property damage, medical bills, Medicare and/or Medicaid liens, liens of any insurance company of any kind including liens for medical bills paid due to my contracting COVID-19 and actions of any kind which may hereafter accrue to me in regard to COVID-19 as the result of my use of the facilities or participation in the programs, and **I agree not to bring or maintain any lawsuit against the Released Parties resulting from contracting the coronavirus (COVID-19) illness.**
- D. I agree that I will not access or use the facilities, nor participate in on site programs now or in the future if I:
1. Have been diagnosed (tested positive) with COVID-19 until such time as I am medically cleared to be in contact with others;
 2. Have a fever or other symptoms of COVID-19 or a test pending for COVID-19;
 3. Am under quarantine directed by a health care provider due to COVID-19 concerns; or
 4. Have had contact with someone diagnosed with COVID-19 within the past fourteen days until I am medically cleared to be in contact with others.

This Waiver shall be construed as broadly as permitted to provide a release and waiver to the maximum extent permissible under the applicable law.

I hereby certify that I have read this document and I understand its content.

Signature: _____ Print Name: _____

Address: _____ Date: _____

Email: _____ Phone #: _____

**CDC recommends wearing a mask that covers the nose and mouth and fits snugly against the sides of the face, as a measure to contain the wearer's respiratory droplets and help protect workers and members of the general public.*