

## Weinstein JCC COVID-19 Consent Form

1. I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus has a long incubation period during which carriers of the virus may not show symptoms and may still be contagious.
2. I understand COVID-19 is highly contagious, that the disease can cause serious injury and even death, and that entering community centers like the WJCC, where people congregate, increases my risk of infection.
3. \_\_\_\_\_ (INITIAL HERE) I understand that the WJCC will undertake reasonable measures to minimize the spread of COVID-19, but I will not hold the WJCC responsible should I contract COVID-19. I also understand that in the event I do contract COVID-19, neither I nor the WJCC will be able to ascertain where or how I contracted it.
4. I understand that I must sanitize my hands before entering the WJCC and that I must wear a mask that covers my mouth and nose while at the WJCC unless removal of the mask is expressly permitted by the WJCC. If I cannot comfortably or safely wear a mask at the WJCC, I will leave the WJCC premises.
5. I will follow the written and oral instructions of the WJCC concerning COVID19 safety and I understand my failure to follow such instructions may be grounds for my removal from WJCC premises and/or termination of my membership.
6. I confirm that I have not tested positive for the novel coronavirus or, if I have previously tested positive for the novel coronavirus, I have since been tested and advised by a physician that I am no longer positive for that infection and I am no longer a risk of infecting others with the novel coronavirus or COVID-19.
7. I confirm that I am not waiting for the results of a laboratory test for the novel coronavirus.
8. I verify that I have not returned to Richmond from any country outside of the United States whether by car, air, bus, or train in the past 14 days and that I will not enter the WJCC within 14 days of such travel.
9. I verify that I have not been identified as someone who has been in contact with someone who has tested positive for the novel coronavirus nor have I been asked to self-isolate by any health professional or any governmental

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agency and that I will not enter the WJCC in the event I am so identified.

10. I confirm that I do not presently have any of the following symptoms of COVID-19 and that I will not enter the WJCC in the event I am experiencing any of these symptoms:

- Fever > 100.3 F
- Sore Throat
- Difficulty Breathing
- Cough
- Shortness of Breath
- Flu-like symptoms

11. Check line (a) or (b), below

a. \_\_\_\_\_ I confirm that I am NOT in a high risk category for increased illness or death from COVID 19, including: diabetes, cardiovascular disease, hypertension, lung diseases including moderate to severe asthma, being immunocompromised (including transplant recipient), having active malignancy, or over the age of 65.

b. \_\_\_\_\_ I AM IN A HIGH RISK CATEGORY for increased illness or death from COVID 19, including but not limited to diabetes, cardiovascular disease, hypertension, lung diseases including moderate to severe asthma, being immunocompromised (including transplant recipient), having active malignancy, or over the age of 65, I understand that entering the WJCC increases my risk of infection of COVID19 and that those risks cannot be completely mitigated by the WJCC and that I am entering the WJCC at the risk of my own health and safety.

12. I understand that I may NOT bring guests to the WJCC who are not current members of the WJCC without the written permission of the WJCC.

13. I will immediately notify the WJCC if I contract the virus within the two weeks following any visit to the WJCC.

I verify the information I have provided on this form is truthful and accurate.

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

Printed Name: \_\_\_\_\_ Member #: \_\_\_\_\_