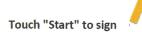
PLEASE NOTE THAT THESE SHARED MATERIALS
FROM THE JCC OF GREATER PITTSBURGH AS
REQUESTED ARE FOR ILLUSTRATIVE PURPOSES
ONLY REGARDING THE PROCESS OF JEWISH
INSTITUTIONS REOPENING DURING THE COVID-19
PANDEMIC.

WE RECOMMEND THAT YOU CONSULT WITH YOUR LOCAL HEALTH DEPARTMENT, RISK MANAGEMENT PARTNER, AND LEGAL COUNSEL AS PART OF YOUR REOPENING PLAN FOR YOUR EMPLOYEES AND CONSTITUENTS.

FURTHER WRITTEN AND VIDEO INFORMATION ON REOPENING OF CHILD CARE, DAY CAMP, AND HEALTH/FITNESS PROGRAMS CAN BE FOUND ON WWW.JCCPGH.ORG OR https://jccpgh.org/







## JCC of Greater Pittsburgh - Waiver

Name:		
Email Address:		
important legal rights. You a without risk, and the JCC do	nd your family members' participati es not guarantee absolute safety or t	can enroll as a member. This is a release and waiver of on in JCC programs and use of the JCC's facilities is no hat any and all risks can be reduced or eliminated. The re commencing any exercise routine.
to, cardio equipment, free we	eights, swimming and diving, other a g basketball, sauna, stairs, child car	e may be involved in activities, including but not limited quatics, group exercise/fitness classes, running, e programs, team-building activities, and/or other
for the benefit of the JCC, its and/or other agents ("Release programs, we agree to the for Conduct while participating non-physical risks, including facilities and engage in active severe injuries, and even dead to ourselves and our family; that, in the event that we are any of its agents to secure from	officers, directors, employees, represed Beneficiaries"). In exchange for llowing: (a) We agree to take all saft in the Activities and Programs; (b) we the transmission of illness. We agree that we may injust. We assume full responsibility for (c) We agree to take all property and physically injured or otherwise requ	stors, administrators, legal representatives, and assigns, esentatives, funding sources, related entities, volunteers, our use of the facilities and participation in JCC ety precautions and to abide by the JCC Code of We understand that we may be exposed to physical and the to voluntarily assume those risks and to use the ture ourselves or others, including possibly sustaining personal injuries, illnesses, accidents, including death, all equipment "as is" and with all faults; (d) We agree the emergency care, we give permission to the JCC and the emergency care in the emergency care. We see rendered.
of action as a result of any il out of participation in the Ac	lness, loss or injury, to person or pro tivities and Programs, whether or no	lamages, expenses, claims, judgments, actions or causes operty, which we may sustain or suffer during or arising ot caused by the Released Beneficiaries, and any related ave read this document and understand it.
Signature:	Print Name:	Date:





## Coronavirus (COVID-19) Entry Screening – JCC Employees

Employee Name:	Arrival Date and Time:		
In the past 24 hours, have you experienced any c	of following (circl	e answer)?	
Fever or Felt Feverish	Yes		No
Sore Throat	Yes		No
Chills (with or without repeated shaking)	Yes		No
Shortness of Breath	Yes		No
Cough	Yes		No
Headache	Yes		No
Muscle pain	Yes		No
New loss of taste or smell	Yes		No
Close contact with someone diagnosed with COVID-19 within the last 14 days	Yes		No
the employee may not begin work today. Please is and/or contact their physician.  Please read the following statement to employee			•
"You understand the JCC has taken the recommer healthy from the transmission of COVID-19. The Journal transmission of any illness, and you agree to main while on site at any of the JCC facilities."	CC cannot make	any guarantees a	bout the
Verbal acceptance received? (circle answer)	Yes	No	
Screening Completed By:		Da	te:

