

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](http://WWW.JCCPGH.ORG) OR <https://jccpgh.org/>



Sample

Touch "Start" to sign



## JCC of Greater Pittsburgh - Waiver

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Please read this form carefully. You must complete it before you can enroll as a member. This is a release and waiver of important legal rights. You and your family members' participation in JCC programs and use of the JCC's facilities is not without risk, and the JCC does not guarantee absolute safety or that any and all risks can be reduced or eliminated. The JCC recommends that you seek the advice of your physician before commencing any exercise routine.*

*I, on behalf of myself and my family members, understand that we may be involved in activities, including but not limited to, cardio equipment, free weights, swimming and diving, other aquatics, group exercise/fitness classes, running, tumbling, gymnastics, playing basketball, sauna, stairs, child care programs, team-building activities, and/or other physical undertakings (the "Activities and Programs").*

*I understand that this waiver binds us, as well as our heirs, executors, administrators, legal representatives, and assigns, for the benefit of the JCC, its officers, directors, employees, representatives, funding sources, related entities, volunteers, and/or other agents ("Released Beneficiaries"). In exchange for our use of the facilities and participation in JCC programs, we agree to the following: (a) We agree to take all safety precautions and to abide by the JCC Code of Conduct while participating in the Activities and Programs; (b) We understand that we may be exposed to physical and non-physical risks, including the transmission of illness. We agree to voluntarily assume those risks and to use the facilities and engage in activities with knowledge that we may injure ourselves or others, including possibly sustaining severe injuries, and even death. We assume full responsibility for personal injuries, illnesses, accidents, including death, to ourselves and our family; (c) We agree to take all property and equipment "as is" and with all faults; (d) We agree that, in the event that we are physically injured or otherwise require emergency care, we give permission to the JCC and any of its agents to secure from any medical personnel any treatment considered necessary for our immediate care. We agree to be responsible for payment of any and all medical services rendered.*

*We release the Released Beneficiaries from all liabilities for all damages, expenses, claims, judgments, actions or causes of action as a result of any illness, loss or injury, to person or property, which we may sustain or suffer during or arising out of participation in the Activities and Programs, whether or not caused by the Released Beneficiaries, and any related medical/allergic conditions. My signature below affirms that I have read this document and understand it.*

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



Sample

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

Employee Name: \_\_\_\_\_ Arrival Date and Time: \_\_\_\_\_

**In the past 24 hours, have you experienced any of following (circle 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

Temperature at arrival: \_\_\_\_\_ (in Fahrenheit)

If any of the questions are answered “yes,” or the temperature reads above 100.4 degrees Fahrenheit, the employee may not begin work today. Please instruct the employee to return home, self-quarantine and/or contact their physician.

**Please read the following statement to employees upon arrival and ask for verbal acceptance**

“You understand the JCC has taken the recommended precautions to keep all employees safe and healthy from the transmission of COVID-19. The JCC cannot make any guarantees about the transmission of any illness, and you agree to maintain appropriate physical distance from co-workers while on site at any of the JCC facilities.”

Verbal acceptance received? (circle answer)      Yes      No

Screening Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

