

PRINCETON TUESDAY NIGHT FOLK DANCE

COVID-19 WAIVER

COVID-19 Acknowledgment, Waiver, Agreement Not to Sue, Assumption of Risk and Release of Liability (the “Waiver”) for Participation in Princeton Tuesday Night Folk Dance (PTNFD) Events

I wish to participate in folk dance sessions and related events or activities (collectively “Events”) organized and hosted by Princeton Tuesday Night Folk Dance (PTNFD).

I acknowledge the contagious nature of COVID-19 and the risk of serious illness, permanent disability, or death that may result from exposure to or infection by it. I further understand that COVID-19 is spread through person-to-person contact, and I acknowledge that attending PTNFD Events could increase my and my family’s risk of contracting COVID-19.

I acknowledge that this Waiver will be used and relied upon by PTNFD, and its officers, Board members, employees, representatives, and volunteers (the “Released Parties”) and that this Waiver will govern my actions and responsibilities. **I have been made aware that although PTNFD has taken steps to make its Events reasonably safe by requiring all participants to be fully vaccinated* against COVID-19, it cannot guarantee that I will not contract COVID-19 when participating.**

In consideration of allowing me to participate in PTNFD events, 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 participating in PTNFD Events 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, by the Unitarian Universalist Congregation of Princeton (UUCP; our landlord), and PTNFD, including (but not limited to) the agreements contained below in section E.

(continued)

- C. I agree to self-monitor for symptoms of COVID-19 and contact PTNFD (at tuesdaynightfolkdance@gmail.com) if I experience symptoms of COVID-19 within fourteen (14) days of attending a PTNFD Event. I also agree to participate in and assist with contact tracing efforts that may result from any other participant being exposed to COVID-19 at a PTNFD Event I attended.

- D. I waive, release, and forever 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 participation in PTNFD Events, and **I agree not to bring or maintain any lawsuit against the Released Parties resulting from contracting the coronavirus (COVID-19) illness.**

- E. I agree that I will not participate in PTNFD Events 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 healthcare provider due to COVID-19 concerns; or
 4. Have had contact with someone diagnosed with COVID-19 within the past 14 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 considers people fully vaccinated 2 weeks after their second dose of the Pfizer-BioNTech or Moderna COVID-19 vaccines, or 2 weeks after the single-dose Johnson & Johnson's Janssen COVID-19 vaccine.*