LEISURE KNOLL AT MANCHESTER ASSOCIATION, INC.

HEALTH DECLARATION FORM

RELEASE AND INDEMNITY AGREEMENT

Please Read Carefully Before Signing

A. **I HEREBY CERTIFY, REPRESENT AND WARRANT** as follows:

Within the 14 days immediately preceding the Date of this Health Declaration Form,

I HAVE NOT

1. Tested positive or presumptively positive with the SARS-CoV-2 virus or diagnosed with Covid-19.
2. Experienced any symptoms commonly associated with Covid-19 aka "coronavirus."
3. Been in direct contact with or in the immediate vicinity of any person I knew and/or now know to be carrying the SARS-CoV-2 virus or diagnosed with Covid-19.
4. Travelled outside of Ocean County, N.J.

B. **I pledge to follow the "5 Commitments of Containment":**

1. I will maintain 6 feet of social distance from others.
2. I will wash my hands often.
3. I will cover my face and wear gloves while in the common areas and facilities.
4. I will stay at home when I am sick.
5. I will get tested immediately if I have symptoms.

I acknowledge that the risk of contracting Covid-19 is inherent in anyone leaving their home and using the common areas and facilities at the present time. There is always going to be an exposure risk for those leaving the confines of their homes. Safety is a matter of personal responsibility for all persons in relation to social distancing and hygiene.

NOW, THEREFORE:

1 **RELEASE** - The undersigned hereby releases and discharges Leisure Knoll at Manchester Association, Inc., the management personnel and all of its affiliated staff, the Association's members, agents, servants, assigns from any and all claims, actions or causes of action for liability, personal injury or any other claims whatsoever, that I may have from, related in any way or arising out of my participation in this activity.

2 Further, the undersigned agrees to hold harmless and defend Leisure Knoll at Manchester Association, Inc., the management personnel and all of its affiliated staff, the Association's members, agents, servants, and assigns of and from any and all claims and causes of actions in law whatsoever that I may have or which may be filed as a result of my actions or inactions by others from, related in any way or arising out of my participation in this activity.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS RELEASE BY SIGNING BELOW.

Name (Print)	Address	Phone#	Email	Signature