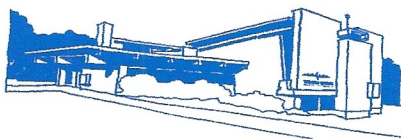


TEMPLE ISRAEL REFORM CONGREGATION OF STATEN ISLAND



Rabbi Michael D. Howald

Student Cantor Shirel Richman

Acknowledgement & Waiver Agreement

In order to attend our services and events, you must complete and submit the form that accompanies this cover sheet. Only one form per family is necessary. If you do not submit the form in advance, you will be asked to sign a hard copy prior to entering the Synagogue.

IMPORTANT REMINDERS:

- If you are immuno-compromised or uncomfortable with attending any services or events, please stay home and enjoy the on-line activities we offer.
- In order to respect Federal, State and City guidelines, we are requiring all attendees to wear masks upon arrival and throughout their time on Temple grounds. In addition, hand washing is required when using restrooms and the regular use of hand sanitizer is encouraged.
- Practice social distancing protocols regarding seating and participation in activities. Please be reminded that during Religious Services, although face masks are being worn, singing and responsive readings are discouraged.
- In lieu of physical greetings (i.e. hugging) , we encourage you to verbally share your greetings with your fellow congregants while observing social distancing.
- During the course of the Covid-19 challenges, there will be no food or beverages served during most Temple activities.

I understand that according to the CDC there are risks of contracting the COVID-19 virus when in contact with groups of people. By signing this form, I am:

1. accepting complete responsibility for myself, my spouse or partner, and my minor children, fully knowing the health risks associated with attending a group service;
2. releasing Temple Israel Reform Congregation of Staten Island, its agents, employees and officers of any and all liability from any potential illness arising from my attendance;
3. stating that, to the best of my knowledge, I currently do not have any symptoms, nor in the last 14 days have had any symptoms of the COVID-19 virus or tested positive for the virus;
4. stating that if I came in contact with anyone who had the COVID-19 virus, I self-quarantined for at least 14 days and currently show no symptoms of the virus, and will update any changes as appropriate;
5. acknowledging that by signing this Acknowledgement and Waiver agreement, I will comply with the safety measures that the Temple requires in order to provide as much safety as possible for our members and guests.
6. I further acknowledge that I am under no obligation to attend any services or events held at Temple Israel. My attendance is my choice and is solely for my own benefit.

This Acknowledgement and Waiver applies for any future services and events that will be held while there is still a risk of contracting the COVID-19 virus.

PLEASE SIGN BELOW. BY SUBMITTING THIS FORM WITH YOUR SIGNATURE, YOU ARE CONFIRMING THAT ALL OF THE PREVIOUS STATEMENTS ARE TRUE.

PLEASE PRINT YOUR FULL NAME: _____

NAMES OF FAMILY MEMBERS: _____

Signature

Date