

**IN-PERSON PROGRAM / SERVICE PARTICIPANTS**  
**Health Certification and Release ~ Congregation Shaarey Zedek**

By attending this program, I certify that I do not have a current fever, I am not in any way ill, nor have I (to my knowledge) been exposed to anyone who is experiencing symptoms of, or tested positive for, COVID-19 within the last two weeks. I certify that I have not traveled by plane in the past 14 days. I am aware that the elderly and those with certain pre-existing conditions run an increased risk for complications from COVID-19. I acknowledge that an inherent risk of exposure to COVID-19 exists in any public place where people are present. I voluntarily assume all risks related to exposure to COVID-19 and agree not to hold Congregation Shaarey Zedek, its Employees, Clergy, Officers, or Board members liable for this risk.

I further agree that I will abide by all Congregation Shaarey Zedek safety regulations, including (but not limited to) maintaining 10 feet of physical distance (6 feet when outdoors) from others and the proper wearing of a mask at all times while in the building or grounds.

Signature (Adult 1):

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Printed Name:

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Phone:

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Email Address:

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Date: \_\_\_\_\_

Signature (Adult 2, if applicable):

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Signature (Adult 3, if applicable):

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Names of any minors attending with me:

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Thank you!  
*1.15.21*