



OCM Grace Church Release of Liability Form

RELEASE TO ACKNOWLEDGEMENT OF RISK, RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT, AND COVENANT NOT TO SUE ("RIDER TO RELEASE") WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

From the date specified in the signature line below until December 31, 2021, in consideration of being allowed to participate in activities ("Activities") and/or enter the premises of the OCM Grace Church, ("OVERSEA CHINESE MISSION", "OCM", "OCM CHURCH") located at 50 Mount Vernon Street, Ridgefield Park, NJ 07660, I, the undersigned, acknowledge and agree that:

- 1) Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; I understand that OCM cannot prevent me, or my child(ren) from becoming exposed to, contracting, or spreading communicable diseases, including COVID-19. By using the Premises, I understand that I may be exposing myself and/or my children to and/or increasing my risk or their risk of contracting or spreading communicable diseases, including COVID-19; and,
- 2) I understand the known and unknown risks related to communicable diseases including COVID-19. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, OF PARTICIPATING IN THE ACTIVITIES AND/OR ENTERING THE PREMISES FOR MYSELF AND/OR MY CHILDREN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (AS DEFINED BELOW) OR OTHERS, AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation in regards to the protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of Church Administrator and/or nearest Church staff immediately; and,
- 4) I RELEASE, WAIVE, AND DISCHARGE ANY AND ALL CLAIMS that I or my heirs, assigns, personal representatives, and next of kin, may have now or in the future against OCM, and its officers, directors, employees, contractors, subcontractors, sponsors, suppliers, national organizations or associations, representatives, agents, affiliates, insurers, successors and assigns; other participants of the Activities at OCM; and, if applicable, owners and lessors of the premises used by OCM (collectively the "Releasees") for any liability, expenses, loss or damage to person or property, injury, death or disability suffered from or in connection with ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- 5) I will NOT attend any events, sessions, trainings, activities, etc. IF I have any reason to feel as if I may have any of the above or other communicable diseases. I will maintain safe social distancing, sanitize my own area(s) of use, equipment, etc. and follow all guidelines for the health and safety of staff and other Members or Guests.

I HAVE READ THIS RIDER TO RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.

I Agree _____

Signature Required Here (if Participant is 17 years of age or younger, a Parent or Guardian will sign on child's behalf)

Print name: _____

Date signed: _____



**OCM Grace Church
HEALTH DECLARATION FORM**

I hereby certify, represent and warrant as follows:

Within the fourteen (14) days immediately preceding the Date of this Health Declaration Form,
I HAVE NOT:

- a) tested positive or presumptively positive with COVID-19 or been identified as a potential carrier of the COVID-19 virus or similar communicable illness;
- b) experienced any symptoms commonly associated with COVID-19, including but not limited to: cough, asthma, difficulty breathing, sore throat, body chills, a fever of 100°F or higher, a loss of taste and smell etc.
- c) traveled outside of the United States;
- d) been in contact with or the immediate vicinity of any person I knew and/or now know to be carrying the COVID-19 virus within the past fourteen (14) days.

Signature Required Here: _____
(if Participant is 17 years of age or younger, a Parent or Guardian will sign on the child's behalf)

Print name: _____

Date signed: _____

Cell Phone No.: _____

Email: _____

EMERGENCY CONTACT:

Name: _____

Cell Phone No.: _____

Email: _____