**CBH Hebrew School Health Waiver Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that Congregation Beth Hatikvah (“CBH”) operates the Hebrew School (“The School”), located at 36 Chatham Road in Summit, New Jersey (“The Property”), and that CBH owns The Property.

To induce CBH and The School to permit me to enroll my child, or children, in The School, I hereby understand and agree to the following:

I understand that there are serious health risks, including, but not limited to, the risk of acquiring Coronavirus, Covid-19, or related diseases, all of which can cause illness or death, associated with attending activities of any kind, whether held indoors or outdoors, at The Property, including all activities associated with CBH and The School.

I also understand that particular features of the building on the The Property, such as the lack of windows and the air ventilation system, increase the risks associated with Coronavirus, Covid-19, and other related illnesses.

I agree and understand that CBH and The School do not guarantee the health and safety of any persons, including students attending The School, their families, and related parties, associated with Coronavirus, Covid-19, or any related illnesses.

I agree to abide by all rules, regulations, and codes of conduct set forth by CBH and The School related to my child’s attendance at The School and my family’s involvement with CBH and The School. I understand that I am directly responsible for the behavior of my child and his or her compliance with all rules, regulations, and codes of conduct set forth by CBH and The School.

I agree and understand that I, my child, and my family, visit, and attend events, at The Property and The School entirely at our own risk.

I hereby waive any and all claims against CBH or The School related to the Coronavirus, Covid-19, or any other illnesses, related to my child’s attendance at The School and my family’s participation at CBH.

I hereby release and agree to waive, and covenant not to sue CBH, The School, or any

officer, director, trustee, employee, agent, servant, or volunteer of CBH or The School, on account of any claim or cause of action arising out of my, or my child’s, attendance at CBH or The School, attributable to Coronavirus, Covid-19, or complications thereof, regardless of the theory of law upon which such claim is predicated. The foregoing shall be given the broadest possible interpretation and construction in favor of CBH and The School.

I hereby agree to indemnify, defend and hold CBH and The School, and its officers, directors, trustees, employees, agents, servants and volunteers, free and harmless from and against any and all damages, losses and expenses (including but not limited to legal fees and expenses) incurred in defending any claim or cause of action which I have released, waived and covenanted not to sue on in this Agreement, and/or asserted by or on behalf of any other person arising out of, or in connection with my child’s attendance, and my involvement, at CBH or The School, regardless of the theory of law upon which such claim is predicated. The foregoing shall be given the broadest possible interpretation and construction in favor of CBH and The School.

In the event that anyone in my immediate family and household exhibits any symptoms possibly related to the Coronavirus, Covid-19, or related illnesses, or in the event that anyone in my immediate family or household is exposed to another person whom I have reason to believe may have acquired the Coronavirus, Covid-19, or related illnesses, I agree to immediately and fully inform The School and CBH and comply with all instructions given by CBH and The School.

**Agreed and Accepted**

Signature of parent/guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of parent/guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leemor Ellman, Education Director, Congregation Beth Hatikvah

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