



## COVID-19 Risk Informed Consent and Release

I (*print name*) \_\_\_\_\_ am choosing voluntarily to attend a senior center of Randolph Senior Adults Association (RSAA) and I understand the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; as a result, Federal and State health agencies recommend social distancing and other preventive measures such as wearing masks, washing hands frequently, staying home if feeling sick, and using hand sanitizer often. I recognize that the staff of the RSAA are closely monitoring the situation and have put in place reasonable preventive measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 while attending a senior center. I hereby acknowledge and assume the risk of becoming infected with COVID-19 while at a senior center and I release the **Randolph Senior Adults Association, its successors and assigns, principal, agents, employees, including but not limited to, the Executive Director and Staff, RSAA Board of Directors, elected officials of the RSAA, and any senior center participants or volunteers** of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of service, expenses, compensation, and all consequential damage on the account of, or in any way of arising from the contraction of COVID-19 and any related conditions or illnesses. This release shall remain in effect while I am a participant and when I engage in any meals and/or activities at the center. I am also aware of the COVID-19 safety guidelines established by RSAA and agree to abide by them to the best of my ability. Failure to follow the guidelines may result in a loss of access to the center until further notice.

**I FURTHER STATE THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THE SAME AS MY OWN FREE ACT.**

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Participant Signature

Date

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RSAA Staff Signature

Date