

**COVID-19 ACKNOWLEDGMENT FORM FOR
BOROUGH OF NEW MILFORD
NEW MILFORD MUNICIPAL ALLIANCE**

BACKGROUND

The Borough of New Milford and the Borough of New Milford Municipal Alliance (“NEW MILFORD”) offer the public the option to participate in or attend indoor and outdoor physical, social and educational programs/activities (“Programs”) held on Borough of New Milford property and other public and semi-public places accessible to large numbers of people on a daily basis.

Due to the COVID-19 pandemic, individuals age 18 or older who wish to enroll themselves, their child or other dependent family member into a Municipal Alliance Program, or who seeks to volunteer in a Municipal Alliance Program, must complete, sign and return this Acknowledgment Form to New Milford Municipal Alliance by no later than _____ 2020, or by the Municipal Alliance Program’s enrollment deadline. Enrollment and participation/volunteering in a Municipal Alliance Program is conditioned upon timely submittal of a completed Acknowledgment Form.

ACKNOWLEDGMENT

I/WE acknowledge that I/WE have been provided with, read and fully understand this Acknowledgment Form, the Center for Disease Control’s (“CDC”) and the New Jersey Department of Health’s (“NJDOH”) information and guidelines regarding COVID-19 and Multisystem Inflammatory Syndrome in Children (“Pandemic Illnesses”).

I/WE further acknowledge that the Pandemic Illnesses: (1) are highly contagious and may cause serious permanent bodily injury, including death, of healthy persons of all ages; (2) are subject to changing recommendations on limiting risk of exposure and spread; (3) remain prevalent throughout New Jersey; (4) are highly likely to spread to persons in direct contact with or in close proximity to (within about 6 feet) an infected person; (5) believed by the CDC/NJDOH to spread by droplets produced into the air when an infected person coughs, sneezes, talks or otherwise moves air out through their nose and mouth, and from touching surfaces on which droplets containing the virus exist.

I/WE further acknowledge that attending or participating in a Municipal Alliance Program poses an inherent and heightened risk of exposure, infection and bodily injury from the Pandemic Illnesses regardless of preventative measures taken by NEW MILFORD.

I/WE, _____ (hereinafter “I/WE), acknowledge and represent that I/WE am/are the parent(s)/legal guardian(s) of: _____

Signature of Parent(s)/Guardians

Date

Signature of Program Participant(s)

Date