

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in Katz JCC - Cherry Hill, NJ (KJCC) Programs, and The Chiropractic Center of Cherry Hill, now or at any time in the future.

Acknowledgment of Risk

I hereby acknowledge and agree that participation in The Chiropractic Center of Cherry Hill and Katz JCC – Cherry Hill activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with The Chiropractic Center of Cherry Hill and Katz JCC - Cherry Hill participation and that said list in no way limits the operation of this Agreement.

Initial Here _____

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death.**

Participating in the Katz JCC programs or accessing the Katz JCC – Cherry Hill facilities including the office for The Chiropractic Center of Cherry Hill could increase the risk of contracting COVID-19. The Katz JCC – Cherry Hill in no way warrants that COVID-19 infection will not occur through participation in Katz JCC - Cherry Hill programs of accessing Katz JCC – Cherry Hill facilities.

Initial Here _____

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in The Chiropractic Center of Cherry Hill and Katz JCC programs, I, _____, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE The Chiropractic Center of Cherry Hill and Katz JCC - Cherry Hill, its officers, directors, employees, volunteers, agents, representatives and insurers (“Releasees”) from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against The Chiropractic Center of Cherry Hill and Katz JCC – Cherry Hill on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of The Chiropractic Center of Cherry Hill and/or Katz JCC – Cherry Hill facilities/equipment or participation in Katz JCC – Cherry Hill programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees. In consideration of my participation in The Chiropractic Center of Cherry Hill and Katz JCC – Cherry Hill programs, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my Katz JCC – Cherry Hill participation. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in all Katz JCC – Cherry Hill and The Chiropractic Center of Cherry Hill programs and that by signing this agreement I HEREBY RELEASE Releasees from all liability for such loss, damage, or death. I further certify that I am in good health without fever, cough or other symptoms related to COVID-19, that I have not been in contact within the last 14 days with anyone diagnosed or exposed to COVID-19, and that I have no conditions or impairments which would preclude my safe participation in The Chiropractic Center of Cherry Hill and Katz JCC – Cherry Hill programs. I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, and that I am therefore of lawful age and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will. IN WITNESS WHEREOF, this instrument is duly executed this _____ day of _____, in the year _____.

Participants Name (Print Clearly)

Phone Number

Participant Signature

Parent or Guardian Signature