



## Borough of Ringwood Health Department Moving Towards Mindfulness Program Waiver & Consent



The Ringwood Health Department “Moving Towards Mindfulness” program is centered on health and exercise. As with any exercise, there is a slight possibility of injury or developing or aggravating some medical problem as a result of participation in the program.

The Ringwood Health Department cannot guarantee that a communicable disease from a virus, including COVID-19, will not be present should you or your child choose to participate or make use of any Borough or state facility during the duration of this program. The Novel/Coronavirus/COVID-19 is a communicable disease caused by a virus, is extremely contagious and it spreads easily through person-to-person contact. As with any communicable disease caused by a virus, including COVID-19, you can become severely ill. You may be more susceptible to contracting a communicable disease from a virus, including COVID-19, if you have certain pre-existing health conditions.

By signing, you agree to follow the COVID-19 guidelines as provided by the CDC, State and Local Health Departments. You also agree to be a responsible person and not participate, or have your child not participate, in any Ringwood Health Department programming or use of Borough or state facilities should you or your child have any symptoms of a communicable disease from a virus, including COVID-19.

By signing, you acknowledge that you or your child is in suitable physical condition to participate in this program. By signing, you have read and agree to accept all health risk associated with the Ringwood Health Department program participation and use of facilities.

By signing, you agree to release and discharge the Ringwood Health Department, its employees and volunteers from any and all claims or causes of action, known or unknown, arising out of your or your child’s participation in the program, including the contraction of a communicable disease from a virus.

\_\_\_\_\_

Participant Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Email

\_\_\_\_\_

Phone

\_\_\_\_\_

Town

*If participant is under the age of 18, a parent or legal guardian must sign below.*

\_\_\_\_\_

Parent/Guardian Name

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date