

**Franklin Township, Warren County NJ Community Center
DEPARTMENT OF RECREATION – 2024**

Senior Exercise Initiative - Registration

**(MUST BE A FRANKLIN TOWNSHIP RESIDENT TO
PARTICIPATE IN THIS PROGRAM)**

Name

Address

.....

.....

State

Zip Code

Tel No.

Email:

**Franklin Township, Warren County NJ Community Center
DEPARTMENT OF RECREATION – 2024**

**Exercise Activity
Liability Waiver**

Exercise involves walking, running, bending, stretching, reaching, stepping, repetitive motion, general bodily exertion and other physical activities in close proximity to other people -- potentially hazardous activities which may include risks such as, but not limited to, falls, strains and sprains, exposure to communicable diseases, exposure to weather related elements, physical exertion and other known or unknown risks. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including personal injury and death, arising out of my participation in this activity.

I understand and agree it is my responsibility to provide and properly use any equipment deemed necessary for participation, and to ensure that all clothing is appropriate for this event. I am solely responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in this activity. I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue.

I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless, the facility conducting the activity, the instructor, and any of the suppliers of information or products used in the activity, from all damages, actions, claims and liabilities of any nature, specifically including, but not limited to, those arising from or related to exercising at the facility or at home, and related activities, and for any accidents and loss or damage to my property and person, to the extent not caused by the facility or instructor.

Signature _____

Printed Name: _____

Date: _____

COVID-19 ACKNOWLEDGEMENT FORM FOR Franklin Township Community Center
DEPARTMENT OF RECREATION – 2024

BACKGROUND

Franklin Township Community Center and the Franklin Township Community Center Department of Recreation (“FRANKLIN TOWNSHIP NJ”) offer the public the option to participate in or attend indoor and outdoor physical, social and educational programs/activities (“Recreation Programs”) held on Franklin Township NJ, Warren County - Community Center 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 members into a Recreation Program, or who seeks to volunteer in a Recreation Program, must complete, sign and return this Acknowledgement Form to [FRANKLIN TOWNSHIP WARREN COUNTY NJ]. Enrollment and participation/volunteering in a Recreation Program is conditioned upon timely submittal of a completed Acknowledgement Form.

ACKNOWLEDGEMENT

I/We acknowledge that I/WE have been provided with, read and fully understand this Acknowledgement 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”), and the Franklin Township Community Center Department of Recreation’s “COVID-19 Operational Plan”.

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 the 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 Recreation Program poses an inherent and heightened risk of exposure, infection, and bodily injury from the Pandemic Illnesses regardless of preventative measures taken by Franklin Township, NJ Community Center.

Name of Program Participant

Signature of Program Participant

Date