

## COVID-19 Precautions Waiver, Release and Indemnification Agreement Events

The well-being and safety of all persons is our number one priority. Nassau County Council on Aging (NCCOA) is taking measures to prevent the spread of COVID-19 in its Fernandina Beach and Westside Senior Life Centers, NassauTRANSIT (NT) Operations Center and agency vehicles (all NCCOA facilities and vehicles are hereby referred to as "NCCOA premises" in this agreement).

#### **NCCOA Facility Entry Requirements**

NCCOA invites all persons to use our premises in a manner that is healthy, courteous and protective of the health and safety of other people. *Overall, we strive for a COVID-free environment.* With this goal in mind and until more is known about the level of protection someone gains from having the COVID-19 infection or after receiving the COVID-19 vaccine, all persons entering NCCOA premises are required to follow these procedures:

- 1. Wear a face covering (e.g., mask) over your nose and mouth.
- 2. Have your temperature taken with a non-contact thermometer.
- 3. Keep your name, address, phone number and email address on file at NCCOA premises in the event that state or local authorities implement a contact tracing protocol.

### **NCCOA COVID-19 Prevention Individual Expectations**

If you have a fever or symptoms of a contagious illness, please stay home until you are well. When visiting NCCOA premises, individuals will:

- 1. Complete a temperature check upon entry.
- 2. When in common areas outside of event host/participants' designated area (e.g., hallways, bathrooms, other rooms not designated for event host/participants):
  - a. Keep at least a six (6) foot distance between yourself and others.
  - b. Wash your hands frequently with soap and water when possible or use an alcohol-based hand sanitizer when necessary.
  - c. Wear your face covering (e.g., mask) over your nose and mouth.
  - d. Do not share any personal items with others.
- 3. Contact a staff person and leave NCCOA premises promptly if you are feeling ill in any way.
- 4. Call (904) 261-0701 immediately if you have been on NCCOA premises within two (2) weeks of the onset of COVID-19 symptoms even if you have not been tested and/or have a positive COVID-19 test.

#### Waiver, Release and Indemnification

In consideration of being permitted to enter NCCOA premises for any purpose, all persons agree with the following provisions for himself/herself and any personal representatives, heirs and next of kin:

04/21/2021

- 1. The undersigned hereby releases, waives, discharges and covenants not to sue NCCOA, its directors, officers, employees and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his/her personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of exposure to communicable diseases or injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon or about NCCOA premises or any facilities or equipment therein, or participating in any program affiliated with NCCOA, without respect to location.
- 2. The undersigned hereby agrees to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about NCCOA premises or in any way observing or using any facilities or equipment of NCCOA or participating in any program affiliated with NCCOA whether caused by the negligence of the releasees or otherwise.
- 3. The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage due to negligence of releasees or otherwise while in, upon or about NCCOA premises and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with NCCOA.
- 4. The undersigned hereby agrees to leave NCCOA premises when asked to by releasees at any time the undersigned is a potential liability to the health and well-being of others.

The undersigned further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This agreement is subject to change as mandated by the state, county or city.

# I have read the above facility requirements, expectations and waiver, release and indemnification agreement.

Full Name (Please Print): _				
Address:			· · · · · · · · · · · · · · · · · · ·	
City:	State:	Zip:		
Phone: ()_				
Email:				
Signature:		Date:		_

We greatly appreciate the consideration and support of others to help prevent the spread of COVID-19, and to help us strive to keep NCCOA a COVID-free environment.

Thank you!

04/21/2021