

COUNTY OF HUNTERDON NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF SENIOR, DISABILITIES & VETERANS SERVICES
PO Box 2900, Flemington, NJ 08822-2900
www.co.hunterdon.nj.us/aging.htm



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Participant Acknowledgement of Health Requirements

During the COVID-19 pandemic, the Hunterdon County and the Division of Senior and Disability Services have been and remain committed to protecting the health and safety of visitors to the county's grounds and facilities.

This signed attestation acknowledges that you understand and will comply with COVID-19 prevention guidelines and protocols. Failure to do so will result in your participation in programming being suspended throughout the period of risk from the pandemic.

This document is required by the Hunterdon County Division of Senior and Disability Services and must be completed in full and submitted to staff at the Senior Center prior to participation in programming.

I understand and agree as follows:

1. I acknowledge and understand that the information and guidance regarding COVID-19 is changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated, and I agree to accept full responsibility for familiarizing myself with the most recent CDC and New Jersey Department of Health updates.

- a. Those guidelines include, but are not limited to:
 - i. Wearing a face covering at all times
 - ii. Maintaining no less than a 6-foot distance from other individuals
 - iii. Practicing frequent handwashing

2. I affirm that neither I, nor any person residing in my household, have been diagnosed with, demonstrated any symptoms of, or have in any way knowingly been exposed to COVID-19, within the past fourteen (14) calendar days. I understand that this affirmation is an ongoing obligation that I assume each time that I participate in programming at a Hunterdon County location.

3. I agree that I will monitor my health and symptoms prior to participating in any programming and if I, or any person residing in my household, begin to experience symptoms similar to COVID-19, I will immediately cease participating in Senior Services programming.

4. I acknowledge that I am aware that by participating in Senior Center programming that there is a risk of being exposed to COVID-19, and/or any mutation or variation thereof. I have independently evaluated and reviewed the risks of being exposed to or infected by COVID-19 and have determined to participate in the Senior Center programming with full knowledge and acceptance of the risks.

Participant (Please Print)

Signature

Date