



Rockland Council on Alcoholism and Other Drug Dependence, Inc.



LIABILILTY RELEASE FORM

DUE TO THE Pandemic of the Coronavirus (COVID-19) we are taking EXTRA Precautions. We are implementing procedures which include temperature tests, sanitation and disinfecting practices, 6 ft. distancing and mandatory use of masks.

Common Symptoms of COVID-19 May include (But not limited to):

- Dry Cough
- Fatigue/Tiredness
 - Fever
- Shortness of Breath
 - Sore throat
- Body aches/Pain
- Headache

I, _____ agree to the following:

- ◇ I affirm that I as well as household member s, have not been diagnosed with COVID-19 within the last 30 days
- ◇ I understand the above symptoms and affirm that I as well as household members, do not currently have, nor have experienced the symptoms listed above within 14 days of today.
- ◇ I affirm that , I as well all household members have not traveled outside of the country or to any city outside of our own that has been considered a “hot spot” for COVID-19 infections within the last 30 days.
- ◇ I understand that RCADD/ and any staff cannot be liable for any exposure to the virus or any other contagion cause by misinformation on the form.

By signing below I agree to each above statement and release RCADD from any and all liability for the unintentional exposure or harm due to COVID-19.

We also affirm that we have improved and expanded our sanitation protocols to more thoroughly fight the spread of COVID-19.

Initial _____ DATE: _____ Email _____

Phone: _____