

WEST CALDWELL SENIOR FITNESS

FEBRUARY-APRIL

Where: West Caldwell Firehouse, 6 Fairfield Avenue

When: Wednesdays & Fridays –

9:15-10:00am or 10:30-11:15am

February 11, 16, 18, 23, 25, March 2, 4, 9, 11, 16, 18,
23, 25, April 1, 6, 8, 13, 20, 22.

Cost: \$60.00 for West Caldwell & Caldwell residents
\$80.00 for non-residents (*West Essex Area*)

Instructor: Trudi Barrett



Make check payable to WC-C Recreation
Return form and fee to 30 Clinton Road
West Caldwell, NJ 07006

Masks must be worn when entering and exiting the building.

Please sign the 'Return to Play' waiver located on the back.

Register online - <https://register.communitypass.net/westcaldwell>

Questions, please call the Recreation office 973-226-3621

NAME: _____ 9:15am _____ 10:30am _____

ADDRESS: _____ TOWN _____

PHONE: _____ E-MAIL _____

TO THE BEST OF MY KNOWLEDGE, I AM PHYSICALLY FIT TO ENGAGE IN THE
FEBRUARY-APRIL 2022 SENIOR FITNESS PROGRAM OF THE WEST CALDWELL-
CALDWELL RECREATION DEPARTMENT.

SIGNATURE: _____ DATE: _____

COVID-19 RETURN TO PLAY WAIVER

You must notify the Recreation Department if you have been in close contact to a person who is lab-confirmed to have COVID-19 in the past 14 days.

Are you exhibiting any of the following new or worsening symptoms of possible COVID-19?

- Cough
- Shortness of breath or difficulty breathing
- Chills
- Diarrhea
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste of smell
- Feeling feverish or a measured temperature greater than or equal to 100.4 degrees
- Known close contact with a person who is lab confirmed to be COVID-19 positive
- Currently living with someone experiencing symptoms of COVID-19
- None of the above/no symptoms

Duty to inform

I will inform the Recreation Department if:

I knowingly come in contact with someone who tested positive within 14 days prior

If I develop any of the above symptoms

If I test positive for COVID-19

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread from person-to-person contact. Federal, state and local governments and health agencies recommend social distancing and have, in many areas, prohibited group activities.

The Township of West Caldwell is taking steps to reduce the spread of COVID-19; however, the Township cannot guarantee that you will not become infected with COVID-19 by attending a Township of West Caldwell activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by.

COVID-19 may result from the act, omission, or negligence of myself and others, including, but not limited to, Township of West Caldwell volunteers and other participants and their families.

I voluntarily agree to assume the foregoing risks and accept sole responsibility for any injury to myself (including but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind that I may incur by reason of a Township of West Caldwell activity ("Claims") on my behalf. I hereby release and covenant not to sue the Township of West Caldwell, its affiliated organizations, employees, volunteers, agents, and representatives, of and from the Claims.

Signatures _____ **Date** _____