



COVID-19 Acknowledgement Form - Habonim Dror

Please read the following information carefully and provide your consent by signing at the bottom. If you are under the age of 18, please ask a parent or guardian to sign.

- 1 According to the Federal Department of Health, the novel coronavirus ("**COVID-19**") is a potentially life-threatening disease that may include symptoms such as fever, chills, cough, shortness of breath and nausea (each a "**Symptom**"). . COVID-19 is highly contagious and contact with others, even those who are asymptomatic, fully-vaccinated, or contact with surfaces that have been exposed to the virus, can lead to infection.

- 2 I understand that Habonim Dror ("**Movement**") has put in place guidelines and protocols in order to minimise the spread of COVID-19 ("**Guidelines**"). I acknowledge and understand that:
 - (a) the circumstances regarding COVID-19 are changing from day to day;
 - (b) the Guidelines may be modified and updated at any time; and
 - (c) notwithstanding the Movement's efforts to minimise or prevent the spread of COVID-19 through the enforcement of the Guidelines, the Movement may not be aware that any of the participants has contracted COVID-19 prior to attending the Activity;
 - (d) the Movement cannot guarantee that I will not become infected with COVID-19.

- 3 I have read and understood the Guidelines or have taken active steps to ensure the Participant has understood the Guidelines before attending the Activity and signing this form.

- 4 Aware of the foregoing, I, the Participant or the parent/guardian of the Participant, agree to attend/that the Participant attend FED22 ("**Activity**") and acknowledge that I may be increasing my risk of exposure to COVID-19 as a result.

- 5 I, the Participant/the parent/guardian of the Participant, attest that the Participant is not experiencing any Symptoms, has not travelled internationally within the last 14 days, has not been diagnosed with COVID-19 and is not waiting for the return of a test result from a COVID-19 test.

- 6 By signing this form, I, the Participant/the parent/guardian of the Participant:
 - (a) accept full responsibility for complying/ensuring the Participant is aware of their obligation to comply with the Guidelines at all times whilst attending the Activity;



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- (b) confirm that a contact person nominated by me, whose details are set out below, is located in the State of Victoria and will be available (**Emergency Contact Person**) throughout the duration of the Activity for the purposes of collecting the Participant to undergo a COVID-19 PCR test (as per clause 6(d)(i) below) and ensuring that the Participant isolates offsite until a COVID-19 PCR test result is obtained:

Name:

Address:

Phone number:

Email:

- (c) acknowledge and understand that, if the Movement has any reason to believe that the Participant is experiencing a Symptom during the Activity, the Movement may, in its absolute discretion, require that the Participant will leave the premises of the Activity immediately and undergo a COVID-19 PCR test as soon as possible;
- (d) if [the Participant is required to undergo a COVID-19 test under clause 6(c):
- (i) if the Movement believes it is necessary, authorise the Movement to contact the Participant's parent/guardian or Emergency Contact Person and request that they collect the Participant from the premises of the Activity for the purposes of undertaking a COVID-19 PCR test;
 - (ii) agree to inform the Movement of the result of the test immediately after I become aware of it ("**Result**");
 - (iii) agree to provide any documentary evidence that the Movement may reasonably request with respect to the Result; and
 - (iv) if the Movement believes it is reasonably necessary for the purposes of protecting the health and welfare of the other participants who attended the Activity, authorise the Movement to inform the other participants and/or parents of other participants of the Result;
- (e) release and forever discharge, to the maximum extent permitted by law, the Movement, its volunteers, employees, representatives, agents, board members and officers (each a "**Released Party**") from any and all causes of action, suits, proceedings, claims, demands and liabilities in any way



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directly or indirectly arising out of or in connection with the transmission of COVID-19 during the Activity (including those arising out of death, injury, illness or involving financial or any consequential loss) ("**Claim**"), together with any costs, fees and expenses (including legal fees) that may be incurred as a result of any such Claim;

- (f) indemnify each Released Party from and against any Claims made against the Released Party by the Participant or any other person on behalf of the Participant, together with any costs, fees and expenses (including legal fees on an indemnity basis) that may be incurred as a result of any such Claim; and
- (g) acknowledge that I:
 - (i) voluntarily entered into this form;
 - (ii) have read and understood all of its terms; and
 - (iii) agree to be bound by all such terms.

7 The provisions of this form are for the benefit of the Movement and each other Released Party

**If the Participant's age is 18 or over,
the Participant must sign here:**

Name of Participant (print):

Signature of Participant:

Date:

___ / ___ / ____

OR **If the Participant is under the age of 18,
parent/guardian must sign here:**

Name of parent/guardian (print):

Signature of parent/guardian:

Date:

___ / ___ / ____