



HILLEL OF COLORADO CONSENT AND AGREEMENT FORM

WELCOME TO HILLEL OF COLORADO. The Novel Corona Virus pandemic (“COVID-19”) has had wide-ranging impacts on our everyday lives and ways of doing things, including here at Hillel. The health and safety of our students, staff, and guests are our top priority. After reviewing national, state, local, and university recommendations and guidelines, Hillel has implemented appropriate measures of infection and disease transmission control for the protection of students, staff, guests, and all others using our facilities and participating in Hillel programs. The effectiveness of these new procedures will depend greatly upon all of us complying with Hillel’s procedures and providing Hillel with accurate health information.

However, even with these enhanced infection and disease transmission control procedures and additional steps we are taking – and will continue to take – to mitigate against the spread of COVID-19, there is a risk that you will be exposed to COVID-19 while you participate in Hillel activities. Therefore:

- **Your participation in Hillel activities is your consent to and acknowledgement of this risk.**
- **By participating in Hillel activities, you agree to:**
 - **comply with Hillel’s rules and procedures, including contact tracing.**
 - **provide accurate health and other relevant information for the health, safety, and welfare of Hillel students, staff, guests, lessors and the wider community.**
- **Within the last 14 days have you (YES or NO)?**
 - a. **Experienced a cough that you cannot attribute to another health condition?** _____
 - b. **Experienced shortness of breath that you cannot attribute to another health condition?** _____
 - c. **Experienced a sore throat that you cannot attribute to another health condition?** _____
 - d. **Experienced any other flu-like symptoms or loss of taste or smell?** _____
 - e. **Had a temperature at or above 100.4 degrees or the sense of having a fever?** _____
 - f. **Had close contact with someone who is currently sick with suspected or confirmed Covid19?** _____

Name: _____ (full name please)

Address: _____ (include city and zip code)

Phone: _____

E-mail: _____

Signature: _____ Date: _____