



## CONTACT DETAILS:

Last Name \*

First Name \*

Phone \*

Email (Optional)

Choose an option

Message

I allow the above information be used for contact tracing purposes.



PC EVENT  
REGISTRATION

## REMINDER:

Do not forget to register at <https://newyorkpcg.org>.

# COVID-19 LIABILITY RELEASE FORM

Please fill out the following form in order to  
attend the Consular Outreach.



This Release of Liability for COVID-19 related claims, dated 7/17/22, given by the Releasor(s) referred to as "I", to the Philippine Community of Southern New Jersey, Inc. (PCSNJ), the Releasee. If more than one person signs this Release, "I" shall mean each person who signs this Release.

Or, if a person is given the authority to sign on behalf of an entire group/guests, that person's signature shall be included within this Release.

RELEASE. With full knowledge of the risks involve, I hereby release, waive, discharge the Philippine Community of Southern New Jersey, Inc. (PCSNJ), its board, officers, and assigns from any and all liabilities, claims demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on or around the premises of the Philippine Community Center or while using its facilities that may lead to unintentional exposure or harm due to COVID-19. I agree to indemnify, defend and hold harmless the Philippine Community of Southern New Jersey, Inc. (PCSNJ) from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss or death from or related to COVID-19.

WHO IS BOUND. I am bound by this Release. Anyone who succeeds to my rights and responsibilities, such as my assigns, heirs or the executor of my estate, is also bound.

SIGNATURE. I understand and agree to the terms of this Release. I acknowledge that I read the foregoing COVID-19 Liability Release and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent. This waiver remains in effect until laws and mandates relevant to COVID-19 are lifted.

Releasor (1)

Releasor (2)

Releasor (3)

Your Signature

Date Signed