COVID-19 Informed Consent

To stay overnight, attend a meeting, or participate in a spiritual direction session at the Center at Mariandale, you must agree to:

1. Stay at home or leave the premises if you have been in close proximity or contact with anyone that you are aware of that has tested positive for COVID-19 or that is experiencing any symptoms within the last 14 days.
2. Present proof of vaccination OR a negative COVID-19 test result from within the 72 hours prior to arrival.
3. Stay at home or leave the premises and inform a designated staff member if YOU begin experiencing any symptoms of COVID-19 or have tested positive in the last 14 days.
4. Inform the Center at Mariandale in the event that you test positive for COVID-19 within 14 days of your visit.
5. Abide by New York State guidance regarding out of state travel and travel to a CDC Level 2, 3 or 4 Health Notice country.
6. Follow ALL instructions of staff and posted signs.
7. If you are unvaccinated, wear a mask covering your nose and mouth at all times when you are outside of your guest bedroom or shower.
8. If you are unvaccinated, maintain a physical distance of at least 6 feet from all persons not in your immediate household.
9. Limit bathroom and shower use to the stalls to which you have been assigned (for overnight guests)
10. Take your temperature upon entering the building (all registrants and staff) or once each day (overnight guests). A temperature greater than 100.3 F or higher is considered a symptom of COVID-19.

For which service are you registering?

_____ Spiritual Direction Session
_____ Day meeting
_____ Overnight stay
_____ Volunteering

(Continued on Reverse)
COVID-19 is a serious and highly communicable disease. According to the Centers for Disease Control and Prevention, senior citizens and individuals with underlying medical conditions are especially vulnerable. An inherent risk of exposure to COVID-19 exists in any public place where people are present. Although The Center at Mariandale asks all guests and staff to observe certain precautions, there is no assurance of protection from exposure to COVID-19 while visiting or staying at The Center at Mariandale. The risk of exposure to COVID-19 is voluntarily assumed by all guests and registrants.

I have read the informed consent and accept the risk of visiting or staying overnight at The Center at Mariandale. I also agree to inform The Center at Mariandale in the event that I test positive for COVID-19 within 14 days of my visit. (Please call 914-941-4455, ext 100 to leave a confidential voicemail.)

I voluntarily provide my contact information in the event that contact tracing becomes necessary.

Name (please print): _____________________________________________________

Email Address: _________________________________________________________

Phone Number:  _________________________________________________________

Signature: _____________________________________________________________

Date: _________________