

TEMPLE BETH EL
46 LOCUST AVENUE CEDARHURST, NY

RESERVATION FOR ATTENDANCE AT SERVICES

(Please list names of all those attending from your immediate family and include all signatures below)

NO ONE WILL BE ADMITTED TO SERVICES WITHOUT ADVANCE RESERVATIONS!
RETURN THIS FORM BY SEPTEMBER 8

Name(s)

Address _____

Town _____ State _____ Zip _____

Phone _____ E-mail _____

I plan on attending the following services:

Shabbat morning (date) _____

- | | |
|---|---------------------------------|
| _____ Selichot – Saturday night, September 12 | 10:00 – 11:30 PM |
| _____ Erev Rosh HaShanah – Friday, September 18 | 6:00 – 6:45 PM |
| _____ Rosh HaShanah – First Day – Saturday, September 19 | 10:00 AM – 12:15 Noon (approx) |
| _____ Rosh HaShanah Eve II – Saturday, September 19 | 7:15 PM – 8:00 PM |
| _____ Rosh HaShanah – Second Day – Sunday, September 20 | 10:00 AM – 12:15 Noon (approx.) |
| _____ Tashlich – with Shofar Sunday, September 20 | 6:30 – 7:00 PM (approx.) |
| _____ Shabbat Shuvah – Saturday, September 26 | 10:00 AM to 12 Noon |
| _____ Kol Nidre – Sunday evening, September 27 | 6:30 PM – 7:45 PM (approx) |
| _____ Yom Kippur – Monday morning, September 28 | 10:00 AM – 12:30 Noon (approx) |
| _____ Mincha / Yizkor / Neilah – Monday afternoon, September 28 | 5:30 – 7:30 PM (approx.) |

PLEASE READ AND SIGN AGREEMENT ON NEXT PAGE!

**NO ONE WILL BE ADMITTED TO SERVICES WITHOUT ADVANCE RESERVATIONS
AND SUBMISSION OF THE SIGNED AGREEMENT BELOW**

**AGREEMENT, WAIVER AND RELEASE FOR ATTENDANCE AT SERVICES
AT TEMPLE BETH EL**

I hereby acknowledge that an inherent risk of exposure to COVID 19 exists in any public place where people are present and gather together. COVID 19 is an extremely contagious disease that can lead to severe illness and death. I further acknowledge that I attend Temple Beth El at my own risk and agree to hold harmless Temple Beth El, its Officers, Board, leaders and Professional Staff responsible for any liabilities or issues related to COVID 19 that may occur as a result of my attendance and participation at services.

I understand that Temple Beth El has established a detailed set of rules and procedures to keep everyone safe at services and to conform to NY State Guidelines. These include, but are not limited to:

- Wearing a mask at all times within the building
- Having my temperature taken before entering
- Maintaining social distancing at all times within the building and sitting where assigned
- Observing rules for one-directional aisles and limitations on use of the restrooms
- Following all requests of ushers and security personnel

I agree to follow and abide by all of these regulations.

COVID 19 poses especially high risks to the following:

- Seniors, especially those of a more advanced age
- Those with underlying health conditions such as diabetes, heart issues or COPD
- Those with compromised immune systems and those who are battling other diseases

I understand that I should NOT be attending services if I fall into any of the above categories.

I further agree NOT to attend services if any of the following should occur:

- I or any member of my immediate household become infected with COVID 19
- I or any member of my immediate household show any symptoms that could be indicators of COVID 19
- I have come in direct contact with any person infected with COVID 19 in the 14 days prior to services.
- I have visited another country or another state for which NY requires a quarantine within the 14 days prior to services.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____