

Visitor Agreement

Please read and sign below acknowledging your understanding of the following guidelines.

Upon entrance into the facility, all individuals are required to receive a medical temperature screening. For a temperature greater than 100.4, you will not be permitted to visit. If you are feeling ill or experiencing symptoms of being sick, you are strongly encouraged to stay home.

By signing below you agree to cooperate with the facility policies during visitation and agree to notify the facility if you have been in close contact with someone having COVID-19, if you test positive for COVID-19, or exhibit symptoms of COVID-19 within 14 days of the visit.

Please answer the following:

1. Within the past 48 hours, have you experienced any of the following symptoms: fever/chills, cough, shortness of breath, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea?
 Yes No

2. Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19? Yes
 No

3. Are you isolating or quarantining because you may have been exposed to a person with COVID-19, are worried that you may be sick with COVID-19, or due to a recent visit to a designated state under the 14-day quarantine travel advisory? Yes
 No

4. Are you currently waiting on the results of a COVID-19 test? Yes No

I certify that the above information is true, correct and complete and agree to indemnify and hold the NJDOC from any loss, liability, claim or damage arising from any inaccuracy therein. I acknowledge the contagious nature of COVID-19 and acknowledge that the NJDOC cannot and does not guarantee that I will not become infected with COVID-19. I understand, accept and assume the risk of becoming exposed to and/or infected by COVID-19 whether from the actions, omissions, or negligence of myself or others. I hereby waive any right to bring suit or claim damages, and release and agree to hold the NJDOC harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of NJDOC, or that may otherwise arise in any way in connection with my entry to the facility.

Visitor Name:

(Print / Sign)

Date: _____ Phone Contact _____

Inmate Name: _____ SBI: _____