

**SERVICE PROVIDER FORM**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

FEDERAL ID NUMBER/LICENSE NUMBER: \_\_\_\_\_

SERVICES PROVIDING: \_\_\_\_\_

EMERGENCY CONTACT WITH PHONE NUMBER: \_\_\_\_\_

**PLEASE NOTE:** Service Providers must be fingerprinted under the entity number of the Greater Miami Hebrew Academy and successfully pass all background requirements based on the Academy terms. The Service Provider must provide the Academy with a certificate of liability and workman's compensation insurance naming the Greater Miami Hebrew Academy and an additional insured. Also Service Provider must submit a copy of their valid certification/license and copy of valid identification. Service Provider also must have parent or guardian sign a consent and release form when applicable. Service Provider will not be allowed to provide any services until all requirements are successfully satisfied.

## Mandatory Vaccination Policy, Assumption of Risk, and Waiver of Claims

To: Service Providers & Therapists

From: Rachel Weinberger

Subject: Mandatory COVID-19 Vaccination Policy

Greater Miami Hebrew Academy has implemented a mandatory COVID-19 vaccination policy effective for the 2021-2022 school year for all service providers and therapists. Service providers and therapists who fail to show proof that they are fully vaccinated, or seek an exemption as described below, will not be permitted onto campus and will not be permitted to provide services remotely. We are adopting this policy to safeguard the health of our employees and their families, our customers and visitors, and the community at large from COVID-19 that may be reduced by vaccinations. In making this decision, the Administration received recommendations from the Medical Committee and consulted agencies, such as the Centers for Disease Control and Prevention, the Advisory Committee on Immunization Practices and local health officials.

Individuals seeking an exemption from this requirement for medical or religious reasons should complete a request with the Business Office/Human Resources.

Below please indicate your COVID-19 vaccination status.

COVID-19 Vaccination Status (check only one):

I am "fully vaccinated" against COVID-19. Check this if:

- 1) You have received both doses of a two-dose vaccine series (such as those offered by Pfizer or Moderna) **and** two weeks have passed since the second dose; or
- 2) You have received one dose of a one-dose series (such as that offered by Johnson & Johnson/Janssen) **and** two weeks have passed since that dose.

I have received all suggested dose(s) of a COVID-19 vaccine as suggested by the vaccine manufacturer, but two weeks have not yet passed since the last suggested dose. I received the last suggested dose on \_\_\_\_\_.

I have received one dose of a two-dose COVID-19 vaccine but have not yet received the second dose. I will receive the second dose on \_\_\_\_\_.

I have not received any dose of any COVID-19 vaccine.

The School cannot promise that even with the steps we are taking, that you will not be exposed to COVID-19. Therefore, if you choose to be at School, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you may be exposed to or infected by COVID-19 by coming to our campus, attending School, and participating in School activities, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. You further acknowledge and understand the risk of becoming exposed to, or infected by, COVID-19 may result from or be caused by the actions, omissions, or negligence of yourself or others, including students, parents, or employees, or other third parties. Further, you recognize that there is still a risk of contracting the virus, particularly in group settings, even if all members of the community follow precautions designed to lower the risk of infection.

By choosing to be at School you, for yourself, and all of your heirs, executors, personal and legal representatives, estates, beneficiaries, administrators, successors and assigns (all of the foregoing, collectively the "Releasers"), do hereby waive, release and discharge, and promise not to sue, the School, and its officers, directors, trustees, shareholders, owners, managers, partners, employees, staff, volunteers, supervisors, and all of their respective successors and assigns, as well as any person or entity acting by, through, under or in concert with any of the foregoing persons or entities (the School and all persons and entities released herein are sometimes collectively referred to as the "Released Parties"), of and from any and all liability and/or claims, causes of action, suits, damages, disputes, injury, disability, death, costs and expenses, and demands of any nature whatsoever, known or unknown, suspected or unsuspected, at law or in equity, vested or contingent, against any or all of the Released Parties which you and any of the Releasers has, had, or may have against any or all of the Released Parties by reason of being exposed to or infected by COVID-19. This Assumption of Risk and Waiver does not apply to the willful misconduct of the Released Parties. The Releasers hereby knowingly and voluntarily waive, to the fullest extent permitted by law, the benefits of any statute, law, rule, or common law which may limit the scope of this Assumption of Risk and Waiver.

If any part of this Assumption of Risk and Waiver, or if the whole Assumption of Risk and Waiver is found to be invalid, unenforceable, or void, for any reason, then the Releasers acknowledge and agree that the Released Parties' entire liability to the Releasers or any other person shall never, under any circumstances, be more than any applicable insurance limits, even if one or more of the Released Parties was negligent or grossly negligent. In addition, the Releasers acknowledge that none of the Released Parties shall ever be liable to any person for special, incidental, consequential, or punitive damages or for any indirect damages such as, but not limited to, exemplary damages or lost earnings, lost revenues or loss of consortium, or companionship (even if the Released Parties have been advised of the possibility of such damages) whether based upon statute, contract, tort, negligence, strict liability, or otherwise.

By signing below you acknowledge that you have received the opportunity (and been strongly encouraged) to review this Assumption of Risk and Waiver with an attorney, that you have carefully read and fully understand the contents of this Assumption of Risk and Waiver, that

you are giving up your substantive legal rights (as well as the rights of all other Releasers), have asked and received answers to all questions you may have, and that you have not been induced to sign this Assumption of Risk and Waiver by any promise or representation and sign it freely and voluntarily, intending and agreeing to be fully bound by the terms hereof.

By being at School, you knowingly and voluntarily accept and assume the risk of potential exposure to, and infection of, COVID-19, and the associated risks set forth herein. You understand these risks and willingly choose to accept them.

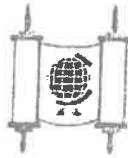
Service Provider & Therapist Attestation: I understand that I am required to provide the Greater Miami Hebrew Academy with accurate information about my COVID-19 vaccination status and that failure to be truthful can subject me to not being allowed on the Hebrew Academy Campus. I hereby certify that I have provided accurate and truthful information about my vaccination status in my answer to the questions above

IN WITNESS WHEREOF, the undersigned, intending to be legally bound, have executed this Mandatory Vaccine Policy, Assumption of Risk, and Waiver of Claims this \_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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# HEBREW ACADEMY

RABBI ALEXANDER S. GROSS

ETERNAL WISDOM FOR A CHANGING WORLD

## Consent and Release

I am the parent/guardian of \_\_\_\_\_. I acknowledge that I have requested and/or consent to the following person providing services to my child on campus at Greater Miami Hebrew Academy, Inc. ("School"):

Name of Provider: \_\_\_\_\_

Type of Service: \_\_\_\_\_

I understand that the services will be provided during school hours or after school hours in accordance with a schedule agreed to by me, the School, and the service provider. I understand that I am fully responsible for the payment of all fees and costs associated with the services being provided and that I will be billed directly by the service provider. I also acknowledge that as a condition of the service provider being on campus, I am responsible for paying the cost of a criminal background check of the service provider. The background check will remain the record of the School.

I agree to allow the service provider to share information with the School regarding the services being provided that may be relevant to my child's education at the School.

I agree to assume the full risk of any injury, damage or loss which my child may sustain as a result of participating in any manner, in any and all activities connected with or associated with such program or service provider. I also agree to hold the School (and its employees, managers, and administrators) harmless from and indemnify it against all claims, demands, suits, charges, attorneys' fees, costs, damages, liens, liabilities, and actions of any kind whatsoever arising in connection with the services being provided herein, including any personal or professional actions or inactions by the service provider.

Both parents must sign

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

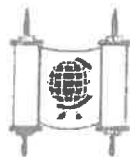
\_\_\_\_\_  
Date



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An agency of the Greater Miami Jewish Federation



# HEBREW ACADEMY

RABBI ALEXANDER S. GROSS

ETERNAL WISDOM FOR A CHANGING WORLD

## Consent and Release

I, \_\_\_\_\_ (herein "Service Provider"), have agreed to provide services to \_\_\_\_\_ ("Student") at the request of Student's parents on the campus of Greater Miami Hebrew Academy, Inc. ("School"). The services to be provided include: \_\_\_\_\_

The parents are fully responsible for the full payment of all services being provided. I will not seek any payment, reimbursement, or other expenses or costs from the School. I will bill the parents directly.

I agree to submit to a criminal background screening through the School before performing any services on campus. I also agree to allow the School to share the results of the criminal background screening with the parents of Student, if requested by parents. I will sign the necessary consent forms for the screening process as requested by the School or its service provider.

I understand that Greater Miami Hebrew Academy, Inc. is a private school that has a duty to ensure the care and safety to the children, employees, and visitors of the School. While on campus, I will ensure that all my interactions are professional and appropriate, including dress, communications, behavior, driving, etc. I understand that the School may determine in its sole discretion that I may no longer provide services on campus. In such event, I will immediately cease and will provide any remaining services at a location agreed upon by me and parent.

I agree (on my individual behalf and on behalf of any company, partnership, corporation, or other entity through which I am providing services) to hold the School (and its employees, managers, and administrators) harmless from and indemnify it against all claims, demands, suits, charges, attorneys' fees, costs, damages, liens, liabilities, and actions of any kind whatsoever arising in connection with the services being provided herein, including but not limited to, any injuries, damages, or claims to me, students, parents, or other persons that may arise through my presence on campus or the providing of services hereunder. I shall also be responsible and reimburse the School



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for loss or damage to the School's property, property of third parties or personal injuries caused by the acts or omissions of myself, my agents, or employees during the terms of this agreement.

I represent that in providing these services, I am not acting as an employee of the School and that all personnel required in performing the services hereunder will be secured at my own expense. Such personnel shall not be employees of, or have any individual contractual relationship with the School. I shall be wholly responsible for the work to be performed.

I agree to maintain at all times during this agreement liability insurance for the benefit of myself and all of my contractors, employees, or agents. I will provide the School with proof of insurance sufficient to its insurance carrier. I will name the School as an additional insured. The School is not liable or responsible for workers' compensation or unemployment compensation or unemployment compensation relating to myself or any person associated with me.

I agree to comply with all federal, state, and municipal laws, ordinances, rules, codes, licensing requirements, and regulations relating to the performance of my duties, including but not limited to, those laws and regulations concerning wage and hours, payment of taxes, laws prohibiting discrimination and harassment, and compliance with the requirements of the Immigration Reform and Control Act of 1986.

\_\_\_\_\_  
Service Provider Name

\_\_\_\_\_  
Service Provider Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

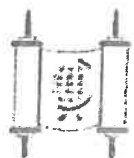
\_\_\_\_\_  
Date



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**HEBREW ACADEMY**

RAPEL / ALEXANDER / P... / ...

ETERNAL WISDOM FOR A CHANGING WORLD

## FINGERPRINTING INSTRUCTIONS

**ALL EMPLOYEES, SUBSTITUTES, SERVICE PROVIDERS AND COACHES ARE REQUIRED TO GET THE VECHS BACKGROUND SCREENINGS. PLEASE GIVE THEM THE GMHA VECHS NUMBER: E13040206.**

**EARLY CHILDHOOD EDUCATION (ECE):  
IF YOUR WORK LOCATION IS IN (ECE), YOU MUST HAVE AN ADDITIONAL BACKGROUND SCREENING FOR DCF. PLEASE GIVE THEM THE GMHA DCF NUMBER: CM11MD0866.**

1. Please call 800-528-1358 or [ibtffingerprint.com](http://ibtffingerprint.com) to schedule a fingerprinting appointment.
2. The customer service agent will ask you the reason for the fingerprinting. The reason is VECHS – Volunteers and Employee Criminal History System and DCF – Department of Children and Family Livescan Fingerprinting.
3. The Hebrew Academy's Entity Numbers are as follows:

|                               |           |
|-------------------------------|-----------|
| VECHS Number:                 | E13040206 |
| OCA Number:                   | 11134268Z |
| ORI Number:                   | EDCFGN10Z |
| DCF LICENSE AND FACILITY ID#: | C11MD0866 |

4. The company will then select the nearest fingerprinting location to your home.
5. **PLEASE CONFIRM WITH THE COMPANY PERFORMING YOUR BACKGROUND SCREENING THAT YOU ARE PAYING FOR THE VECHS BACKGROUND SCREENING. PLEASE GIVE THE VECHS NUMBER: E13040206. THE COST IS APPROXIMATELY \$70.00.**

**IF YOU ARE AN ECE EMPLOYEES, YOU ARE REQUIRED TO PAY FOR THE DCF BACKGROUNDING SCREENING AS WELL. THE COST IS APPROXIMATELY \$60.00 FOR A TOTAL OF APPROXIMATELY \$120.00. PLEASE GIVE THE DCF LICENSE AND FACILITY ID#: C11MD0866.**

6. Please have the results emailed to: [rweinberger@rasg.org](mailto:rweinberger@rasg.org).



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Florida Department of Law Enforcement  
Criminal Justice Information Services Division/User Services Bureau

**VECHS WAIVER AGREEMENT AND STATEMENT**  
**Volunteer & Employee Criminal History System (VECHS)**  
**for Criminal History Record Checks**  
**under the National Child Protection Act of 1993, as amended,**  
**and Section 943.0542, Florida Statutes**

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (enter Name of Qualified Entity) Greater Miami Hebrew Academy - E13040206 to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

\_\_\_\_\_  
(Name and Address of Previous Qualified Entity) (Year of Request)

I \_\_\_have OR \_\_\_have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_do OR \_\_\_do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee  Volunteer  Contractor/Vendor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**TO BE COMPLETED BY QUALIFIED ENTITY:**

Entity Name: Greater Miami Hebrew Academy

Address: 2400 Pine Tree Drive, Miami Beach, FL 33140

Telephone: 305-532-6421 Ext. 103 Fax: 305-672-6191

FDLE Assigned Qualified Entity Number: E13040206

**ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY**

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

|  |   |
|--|---|
| Name (as shown on your income tax return)  |   |
| Business name/disregarded entity name, if different from above   |   |
| Check appropriate box for federal tax classification (required):   |   |
| <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate |   |
| <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____   |   |
| <input type="checkbox"/> Other (see instructions) ▶ _____  |   |
| <input type="checkbox"/> Exempt payee  |   |
| Address (number, street, and apt. or suite no.)  | Requester's name and address (optional) |
| City, state, and ZIP code  |   |
| List account number(s) here (optional)   |   |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| Social security number |  |  |  |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|--|--|--|
|                        |  |  |  |  |  |  |  |  |  |

| Employer identification number |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|
|                                |  |  |  |  |  |  |  |  |

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here**

Signature of  
U.S. person ▶

Date ▶

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.