

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Pocono Plateau (“Camp”) has put in place preventative measures to reduce the spread of COVID-19; however, **Camp cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending Camp could increase** your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Camp employees, volunteers, and program participants and their families.

I understand that my child must be free from COVID-19 symptoms while dropped off at Camp and, should symptoms develop while in the care of Camp, my child will be separated from the rest of the people at Camp. I will be contacted and **my child must be picked up within twelve (12) hours of my being notified**. I further voluntarily agree that Camp may monitor my child for symptoms of COVID-19 (including, but not limited to, fever of 100.4 degrees Fahrenheit or higher, shortness of breath, chills, dry cough, sore throat and muscle aches).

I will immediately notify Camp Management if I become aware of any person with whom my child or I have had contact exhibits any symptoms of COVID-19, is advised to self-isolate, quarantine, or has tested positive for COVID-19. Further, I agree to comply with all policies and procedures established by Camp to ensure the safety of all who are present on Camp property and agree that if I, or my child(ren), do not comply with the policies and procedures established by Camp, I and/or my child(ren) will be asked to leave Camp premises.

In compliance with State and CDC recommendations, Camp has established additional cleaning and safety precautions. A description of these precautions is available on Camp website [<http://www.poconoplateau.org/covid-care-policies>]. I hereby acknowledge that such precautions are reasonable and sufficient to protect my child(ren) and me.

IN CONSIDERATION OF BEING PERMITTED TO UTILIZE CAMP FACILITIES, I VOLUNTARILY AGREE TO ASSUME ALL RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD(REN) OR MYSELF (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY CHILD(REN)’S ATTENDANCE AT CAMP OR PARTICIPATION IN CAMP PROGRAMMING (“CLAIMS”).

FURTHER, ON MY BEHALF, AND ON BEHALF OF MY CHILDREN, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE CAMP, THE EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE CAMP, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, WHETHER BEFORE, DURING, OR AFTER PARTICIPATION IN ANY CAMP PROGRAM.

Name of Camp Participant: _____

By executing below, I, on behalf of myself and my child(ren), agree to the above "ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19; further, I certify that I am the legal parent or guardian of such children and have the legal authority to sign this document on my child(ren)'s behalf.

Signature of Parent or Guardian: _____

Print Name of Parent or Guardian: _____

Date: _____

Witness Signature: _____

Print Name of Witness: _____