



## Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

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

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

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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 the 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 the 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 voluntarily agree to assume all of the foregoing risk 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 the Camp or participation in Camp programming. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the Camp, its employees, Trustees, and the Northwest Texas Conference of the United Methodist Church, of and from the Claims, including all liabilities, claims, actions, damages, cost 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, and the NWTX conference of the UMC, whether a COVID-19 infection occurs before, during, or after participation in any Camp program.

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Print Name of Parent/Guardian \_\_\_\_\_ Name of Camp Participant(s) \_\_\_\_\_

# Pre-Camp Health Screening Form

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

Group Dates: \_\_\_\_\_



Dear Guests,

In an effort to minimize illness at camp, we request that you check on your health daily beginning 14 days prior to camp. We want everyone's experience to be a healthy one and this begins at home. Please bring this completed form to camp on the day of arrival and submit at check in.

Please indicate if you have had any of the following symptoms prior to camp. If any temperature or symptoms are present, please be evaluated by a licensed health provider and contact your church or group leader for further guidance.

## Symptoms:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit

*To be completed by parent/legal guardian if under 18.*

1. I have not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 14 days before the start of camp.  
*Initial* \_\_\_\_\_
2. No one in our household has been sick in the 14 days prior to camp.  
*Initial* \_\_\_\_\_
3. I have not traveled by air, ship or traveled out of the U.S. in the 14 days prior to camp.  
*Initial* \_\_\_\_\_
4. I have not exhibited a temperature greater than or equal to 100.0 degrees Fahrenheit.  
*Initial* \_\_\_\_\_

Signature below indicates this health screening was completed daily for 14 days prior to camp and to the best of my ability. I understand that arriving to camp healthy is vital to a healthy camp for myself, my family, and all persons at the camp. I understand that I will not be permitted to attend the camp if, within 14 days of arrival date, I have recorded a temperature of 100.0 degrees or higher, exhibited any health symptoms indicated above, or have been exposed to Covid-19 or increased risk thereof due to travel or exposure per the representations in this form.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*