



**Camp Waiver for COVID-19**

I understand that there is presently a public health emergency named COVID-19.

I understand that being in public and/or attending camp at this time may present an increased risk of the transmission and/or the contraction of COVID-19. While the camp facility will take the necessary precautions in order to reduce the risk of transmission of COVID-19, at this time there is no way to guaranty attendance will be completely risk free.

I hereby knowingly and freely acknowledge, and assume any and all risks, known and unknown, related to the potential contraction of COVID-19, and assume full responsibility for such risk. I hereby agree to indemnify and hold harmless the Camp, its employees, officers, owners, directors, members, managers, members, contractors, agents and/or representative from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, which may be brought as a result of attending camp from July 2 – 6, 2021. \_\_\_\_\_ (Initial)

I understand that while Camp may take the necessary precautions in order to reduce the risk of COVID-19 transmission, at this time due to the presence of other campers and staff, the nature and characteristics of the virus, there is no way to guaranty attendance will be completely risk free. I hereby acknowledge that I may have an elevated risk of contracting the COVID-19 virus by being in attendance at camp. \_\_\_\_\_ (Initial)

I confirm that I do not have any of the following symptoms: Fever, Shortness of Breath, Loss of smell/taste, Dry Cough, Runny Nose, Sore Throat. \_\_\_\_\_ (Initial)

I understand that the CDC recommends social distancing of at least 6 feet, and that this may not be possible during all times at camp. \_\_\_\_\_ (Initial)

I verify that I have not traveled internationally or domestically by commercial airline, bus, or train within the past 14 days. \_\_\_\_\_ (Initial)

I verify that I have not been in close contact with a confirmed case of COVID-19 in the past 14 days \_\_\_\_\_(initial)

The undersigned, on behalf of myself as well as any of my heirs, personal representative or assign, hereby release, waive, discharge, and covenant not to sue the Camp, or any of Camp Amplify’s employees, officers, owners, directors, members, managers, contractors, agents, and/or representatives for any and all claims, known or unknown, which may be related to the transmission and/or contraction of COVID-19, including but not limited to claims which may result in personal injury, illnesses (including death), loss of income or other property loss. \_\_\_\_\_ (Initial)

I have read this document and understand the risk involved with camp attendance and COVID-19. I acknowledge that no guarantees or assurances have been given by anyone as to the results that may be obtained.

\_\_\_\_\_  
Print Camper or Staff Name (above)

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
**Staff person’s signature or Parent/Guardian Signature of the above camper or staff if under age 18:**

Witness Signature \_\_\_\_\_