

CAVEMEN CAMPS COVID-19 WAIVER AND RELEASE

Camper's Name: _____ DOB: ____/____/____

By signing below, I am stating my understanding that the COVID-19 coronavirus is highly contagious and it may be possible to be exposed to the virus by coming in contact with individuals who are infected and not yet showing symptoms. I recognize the health risks to my child, family, and the broader community which may result from my child's participation in this camp.

I agree that for each day my child attends a Cavemen Camp, I certify the following:

1. I take full responsibility for assessing my child for symptoms of COVID-19 each day before they are dropped off at camp. I will not allow my child to attend camp on any day in which they meet the CDC criteria for symptoms of COVID-19 as follows:

One or more of the following:

- Cough
 - Shortness of Breath
 - Difficulty breathing
 - Chills
 - Muscle Pain
 - Headache
 - Sore Throat
 - Loss of taste or smell
 - Fever of 100.4 or more
2. If my child has been diagnosed with COVID-19 or has symptoms of COVID-19 I will not allow my child to attend Cavemen Camp until I talk to the Camp Director.
 3. My child has not come into contact with anyone diagnosed with COVID-19 for 14 days prior to the day my child is attending camps.
 4. My child has not traveled outside of the United States or come in contact with anyone who has traveled outside of the United States in the past fourteen days.

By signing below, I understand that Mishawaka High School and its staff are following to the best of their ability the guidelines set by the CDC, IDOE, and the State of Indiana. If at any time my child starts to show signs or symptoms of COVID-19, I understand they will not be permitted to attend their respective Cavemen Camp until cleared pursuant to CDC guidelines. If symptoms begin at camp, the child will be separated from others and I understand it is my responsibility to make immediate arrangements to transport them home.

I further understand that despite all reasonable measures, my child, myself, or my family members may contract COVID-19, that this risk is not an ordinary incident of the camp and I agree not to hold Mishawaka High School or any of its affiliated parties responsible, regarding any claims related to COVID-19 which may arise due to camp participation.

SIGNATURE: _____

PRINTED NAME: _____

RELATION TO CAMPER: _____

DATE: _____

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