

COVID-19 Release of Liability Waiver

Dakotas United Methodist Camps

United Methodist Camp & Retreat Ministries



Please bring this completed form to camper check-in, or complete the form in your online account at least 10 days prior to camp.

This form is **MANDATORY** and must be completed by all adult participants and/or the parent or legal guardian of any participant under age 18 attending camping events. This form is **REQUIRED** at the time of camper check-in and the form **MUST** be signed.

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, especially through aerosol droplets. As a result, federal, state, and local governments, and federal and state health agencies recommend social distancing, face coverings, and have in many locations prohibited the congregation of large groups of people. Science still has incomplete knowledge about the coronavirus.

The Camping Ministries of the Dakotas Annual Conference (Camping) will put in place known preventative measures to reduce the spread of COVID-19, but Camping cannot guarantee that you and/or your child or ward will not become infected with COVID-19 while participating in Camping activities or events.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, or my child or ward or others, may be exposed to, or infected by COVID-19 while attending Camping activities or events, and that such exposure or infection may result in personal injury, illness, disability or death.

I understand that in order to attend a Camping activity or event, I and/or my child or ward must be free from COVID-19 symptoms. Should symptoms develop while in the care of Camping, I and/or my child or ward will be separated from the rest of the people at camp. Adult campers must be picked up or depart immediately. Guardians of symptomatic campers will be contacted, and campers must be picked up immediately. I further voluntarily agree that Camping may monitor me and/or my child or ward 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 Camping if I become aware of any person with whom I and/or my child or ward have had contact exhibits any symptoms of COVID-19, is advised to self-isolate, quarantine, or has tested positive for COVID-19 prior to, during, or within two weeks after camper participation in Camping activities or events.

I voluntarily agree to assume all of the foregoing risks, to accept sole responsibility for any injury from COVID-19 to myself, to my child or ward, or to any other person, including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind, that I and/or my child or ward or others may experience or incur in connection with, or participation in Camping activities or events. On my behalf, and/or on behalf of my child or ward, I release, covenant not to sue, discharge, and hold harmless Dakotas Annual Conference, Camping, their employees, agents, and representatives, from all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating to COVID-19. I understand and agree that this release includes any claims based on actions, omissions, or negligence of Dakotas Annual Conference, Camping, their employees, agents and representatives, and whether a COVID-19 infection occurs before, during or after participation in Camping activities or events.

Extension to known claims: A general release does not extend to claims which the creditor does not know or suspect to exist in the creditor's favor at the time of executing the release, which if known by the creditor, must have materially affected the creditor's settlement with the debtor.

Camper: _____ **Camp or Event:** _____ **Camp Number:** _____

If participant is 18 or older:

X _____
Printed name of Participant:

X _____
Signature of Adult Participant: Date:

If participant is under age 18, or an adult under guardianship:

X _____
Printed name of Participant(s):

X _____
Signature of Custodial Parent/Guardian: Date: