

Solid Rock Christian Camp COVID-19 Camper Check-in Health Screening

Camper(s)' Name: _____ Date: _____ Temp: _____

In the last 14 days have you experienced any of the following symptoms?

1. A new cough that you cannot attribute to another health condition? Yes ___ No ___
2. Shortness of breath that you cannot attribute to another health condition? Yes ___ No ___
3. A temperature at or above 100.4 degrees Yes ___ No ___

In the last 14 days have traveled to a foreign country that the CDC has listed as a level 3 health notice (Brazil, China, Iran, United Kingdom and Ireland, Most of Europe)? Yes ___ No ___

In the last 14 days have you been in close contact with someone diagnosed with COVID-19 Yes ___ No ___

*I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. *I further acknowledge that SRCC can not guarantee that I will not become infected with the Coronavirus/Covid-19. *I understand that by nature some activities as camp will result in close contact. *I voluntarily seek services provided by SRCC and acknowledge that I am increasing my risk of exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending camp.

Initial if in agreement: _____

I hereby release and agree to hold SRCC harmless from and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of SRCC, or that may otherwise arise in any way in connection with any services received from SRCC. I understand that this release discharges SRCC from any liability or claim that I, my heirs, or any personal representatives may have against the camp with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from SRCC. This liability waiver and release extends to the camp together with all directors and staff.

**By signing below, you are agreeing to the terms and conditions above.*

Date: _____

Name (Please Print): If Minor, Parent or Guardian

Signature: : If Minor, Parent or Guardian
