



Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in Camp Victory activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with summer camp participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with summer camp participation and that said list in no way limits the operation of this Agreement.

COVID-19 Warning & Disclaimer

Coronavirus COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Camp Victory programs or accessing Camp Victory facilities could increase the risk of contracting COVID-19. Camp Victory in no way warrants that COVID-19 infection will not occur through participation in Camp Victory programs of accessing Camp Victory facilities.

- I, _____, knowingly and willingly consent to participate or permit my child to participate, in summer camp at Camp Victory during the COVID-19 pandemic. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms but may still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing.
 - (Camper Name) _____
- I understand that due to the frequency of day campers, staff and visitors attending camp, riding the bus returning home each day, the characteristics of the virus, and the potential nature of children being in close proximity to each other and to adults that I have an elevated risk of contracting the virus simply by being a participant at Camp Victory.
- Have you tested positive or awaiting test results for Covid-19, have you been exposed to anyone that has tested positive for Covid-19? Y / N If Yes please explain,

Covid Symptoms: I confirm that I or camper am **NOT** presenting today with any of the following symptoms of COVID-19 listed below:

- * Fever -100.4F or Higher
- * Dry Cough
- * Shortness of Breath
- *Sore Throat
- *Abdominal pain/Diarrhea
- * Fatigue
- *Loss of Smell/Taste
- *Runny Nose-NOT associated with possible normal seasonal allergies

Travel: I understand that AIR TRAVEL may significantly increase my risk of contracting and transmitting the COVID-19 virus. The CDC is recommending self-isolating or social distancing of at least 6 feet for a period of 14 days after anyone who has traveled.

- I verify that I have NOT traveled by plane internationally outside the United States in the past 14 days. ___Initial
- I verify that I have NOT traveled by plane domestically within the United States in the past 14 days. ___Initial

Staff, Parent/Guardian, Camper, Volunteer’s Name: _____ Date: _____

Camp Victory Office Only:

_____ Degrees F – Staff, Camper, Volunteer temperature taken by Camp Victory Staff

Staff Members Signature _____ Date: _____