



I, (Please Print) _____ 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 Emmanuel Pines Camp has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Emmanuel Pines Camp cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, camp staff, and other camp clients and their families.

I voluntarily seek services provided by Emmanuel Pines Camp 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

Further, I attest that:

- * I am not experiencing any symptom of illness such as dry cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, runny nose or new loss of taste or smell. Temperature upon arrival to EPC: _____ (Leave blank until arrival at EPC.)
- * I have not traveled internationally within the last 14 days.
- * I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non- contagious by state or local public health authorities.
- * I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Emmanuel Pines Camp and all related management entities 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 the camp, or that may otherwise arise in any way in connection with any services received from Emmanuel Pines Camp. I understand that this release discharges Emmanuel Pines Camp 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 Emmanuel Pines Camp. This liability waiver and release extends to the camp together with all owners, partners, and employees.

Signature: _____ Date: _____
(Parent/Guardian for a minor)