I agree to the following:

☐ I will not send my child to camp if he/she has a fever of 100.4°F or higher, cough, sore throat, chills, muscle pain, headache, or new loss of taste or smell.

☐ If my child has any signs or symptoms of COVID-19, I, _____ (Parent/Guardian), will not send him/her to camp until the following conditions are met:

- It has been **at least 10 days** since the onset of symptoms.
- My child has had **no fever for at least 3 days** (without the use of fever-reducing medications such as Tylenol or ibuprofen).
- My child's symptoms are **improving**.

☐ If my child, _____, is diagnosed with COVID-19, I will follow all medical guidelines and will not send him/her to camp until the above recovery conditions are fully met.

☐ If someone in my household is diagnosed with COVID-19, or if my child has been in direct contact with a COVID-19-positive individual, I will **keep my child home for 14 days**.

☐ If someone in my household develops a new cough, shortness of breath, sore throat, muscle pains, headache, or new loss of taste or smell, I will have that person tested for COVID-19. If they test positive, I, _____, will keep my child home from camp for 14 days.

By signing below, I acknowledge that I have read and understand the contents of this waiver. I voluntarily assume the risks related to COVID-19 for myself and my child while attending Camp 2000.

Parent/Guardian Name (print): _____
Parent/Guardian Signature: _____
Date: _____

Child's Full Name: _____