



EARTH PATH

COVID-19 WAIVER

Child's Name: _____

Parent/Guardian's Name: _____

1. I understand that the Novel Coronavirus causes the disease known as COVID-19. I understand that the Novel Coronavirus may have a long incubation period, during which the carriers of the virus may not show symptoms and be contagious.
2. I understand that sending my child to camp to interact with other children and adults may put the child at risk of contracting the Novel Coronavirus.
3. I knowingly consent to have my child attend summer camp during the COVID-19 pandemic and am fully aware of the risks involved in doing so.
4. I understand that all individuals, including campers, parents/guardians, or anyone entering the camp setting, must perform a screening at home prior to arrival. I understand that entry will be denied to any individual who has any of the symptoms outlined in the online survey or who has come in close contact with a person with symptoms of or confirmed COVID-19 in the past 14 days.
5. I understand that if my child starts showing symptoms of COVID-19 during camp, they will be sent home and referred for testing. Those who test negative for COVID-19 will be excluded from the program until 24 hours after symptom resolution. Those who test positive for COVID-19 will be excluded from the program for 14 days after the onset of symptoms and clearance has been received from the local public health unit.

Signature of Parent/Guardian

Date