

RELEASE AND WAIVER OF LIABILITY

MUST BE RECEIVED BY EACH INDIVIDUAL GUEST

Name: _____ Group/Program Name: _____
Dates at Camp: _____

Retreat & Camping Ministries with Camp Harmison, Manidokan Camp & Conference Center and the West River UM Center (“Camp”) is a ministry of the Baltimore-Washington Conference of The United Methodist Church (“Conference”). In the midst of the ongoing COVID-19 pandemic, neither the Camp nor the Conference can guarantee that those who make use of the camp’s accommodations, facilities or outdoor areas, or who otherwise participate in camp-related activities or events, will be fully protected from becoming infected. Visitors to Camp will participate only in their specifically pre-scheduled activities, and have access to only the necessary pre-planned facilities.

All visitors, as well as their parents or guardians if applicable, must have read, be familiar with, and abide by all governmental requirements relating to COVID-19, and all Camp protocols regarding the same. These requirements can be found on the Camp webpage and will be emailed to all group leaders. All visitors, and parents and guardians where applicable, specifically acknowledge that, even when there is strict adherence to the recommended guidelines, the Camp and the Conference cannot guarantee that Guests will not be exposed to the COVID-19 virus, become infected, become ill, or potentially spread the COVID-19 virus to others.

Recognizing and Assuming Risk

Guests expressly understand and agree that their use of the Camp’s facilities and premises presents known and inherent risks to Guests regarding any potential and/or actual infection of Covid-19 and/or any related illness, the symptoms or result of which may be serious or minor, including but not limited to cough, fever, pneumonia, hospitalization, and even death. Guests are responsible for evaluating the risks to which they may be exposed by visiting our facilities and premises. By signing below, each Guest is intentionally deciding to become a Guest of the camp, and to engage in various camp-related activities, at the Camp during the dates listed above and in consideration of the Camp’s agreement to make their facilities available for this engagement, the Guest has voluntarily and fully assumed all risks relating to COVID-19 and is responsible for their actions. Guests further recognize, understand, and agree that the Camp and the Conference assume no responsibility for any liability, damage, or injury relating to or resulting from COVID-19, regardless of whether any such injury, illness or damage may have been caused by exposures, acts or omissions that occurred prior to, during or after use of Camp’s facilities and premises.

Acknowledgement of Safety Measures to be Used By Guest and [Camp Name]

Camp hereby acknowledges that it will seek to take certain safety measures to help prevent, as best as it reasonably can, infection or spread of COVID-19. Such applicable safety measures and protocols will be those mandated by the Centers for Disease Control and Prevention (CDC), by state and local governmental authorities, and by any guidance issued by the Conference.

The undersigned Guest, or their parent/guardian if applicable, acknowledges that they will take certain safety measures, in compliance with guidelines issued by the CDC, and state and local governments, in order to minimize the risk of exposing themselves or others to infection or spread of COVID-19. Such safety measures include but are not limited to: ensuring that the Guest has no symptoms of COVID-19 prior to their entry onto or use of the Camp’s facilities or premises; use of handwashing and hand sanitizer on a regular basis while on the premises; maintaining appropriate social distancing at all time; wearing a face mask whenever other persons are nearby. In the event federal, state, or local sources augment

Guest / Parent Guardian Initials
_____/_____

amend these requirements or recommend additional safety measures, the Guest agrees to adopt and practice such safety measures immediately upon request of Camp staff.

Indemnification and Hold Harmless

The undersigned Guest, or their parent/guardian if applicable, specifically understands and agrees that they are personally responsible for their actions and omissions, and take full responsibility for any sickness, illness, injury or damage relating to or resulting from exposure to or infection by the COVID-19 virus, whether such exposure or infection occurs before, during or after Guest’s presence at the Camp or participation in Camp activities. The undersigned Guest, or their parent/guardian if applicable, further agrees to indemnify, defend and hold harmless, including from reasonable attorneys’ fees and/or any other associated costs, the Camp and the Conference, as well as their predecessors, successors, assigns, officers, directors, trustees, faculty, employees, volunteers, agents, and legal representatives, from and against any and all actions, claims, or demands that the Guest or their assigns, have or may have for any and all sicknesses or injuries relating to or resulting from COVID-19 or its associated virus, regardless of cause or fault, and regardless of whether the Guest’s exposure to COVID-19 virus occurred before, during or after their voluntary use of the Camp’s facilities and premises.

Waiver of Liability

I, the undersigned Guest, or their parent/guardian if applicable, have read the above description of the provisions and requirements of using the Camp during this time period. I, the undersigned Guest, or their parent/guardian if applicable, have also read the health and safety guidelines published and provided by Camp, and have read and familiarized myself with applicable requirements and guidelines issued by the CDC and relevant state and local governmental authorities. As the Guest, or as their parent/guardian if applicable, I understand that my signature below demonstrates that I have read this release and all of the materials identified in this release, and I commit to comply, or to ensure that the Guest complies with all of the outlined safety procedures in an effort to curb the spread of COVID-19 and potential infection.

I the undersigned Guest, or their parent/guardian if applicable, further hereby release waive, discharge, and hold harmless Camp and the Baltimore-Washington Conference of the United Methodist Church, along with their respective trustees, officers, employees, and agents, whether paid personnel or volunteers, from any and all claims, demands, damages, suits, and causes of action of any type whatsoever arising out of or in any way connected with the Guest’s visit to and use of the Camp’s premises and facilities, and of the Guest’s participation in any camp-related activities, insofar as said claims, demands, damages, suits, and causes of action in any way relate to or result from possible or actual exposure to COVID-19 or its associated virus. This release includes, but is not limited to, claims for negligence, gross negligence, personal injury, and mental anguish, for or because of anything done or omitted, or suffered to be done, directly or indirectly related to the Guest’s use of and entrance upon the Camp’s facilities and premises. By signing this document, I expressly acknowledge that I am giving up potential legal rights in exchange for being allowed to become a Guest of the Camp and to participate in Camp activities.

Guest Name (Printed): _____

If minor, Name of Parent/Guardian (Printed): _____

Signature of Guest/Parent/Guardian: _____

Date: _____

BWC RCM Event Participant Health Screening

This health screening must be completed by all event participants **UPON ARRIVAL AT CAMP** to help us screen for people who *could* transmit the virus causing COVID-19. The information will remain confidential and be reviewed by your group leader, the site host for your event, and the camp administrator.

1. **HEALTH:** Are you feeling healthy and well today? Yes No

2. **EMERGENCY WARNING SIGNS:** In the past 24 hours have you experienced any of the following:
 - a. Trouble breathing Yes No
 - b. Persistent pain or pressure in the chest Yes No
 - c. New confusion Yes No
 - d. Inability to wake or stay asleep Yes No
 - e. Bluish face or lips Yes No

If you answered yes to any of these warning signs, contact your local emergency medical facility and notify them you are seeking care for someone who may have COVID-19.

3. **SYMPTOMS:** Are you are now experiencing, or have you experienced during the past **14 DAYS**, **ANY** of these symptoms not ascribed to other known health issues such as allergies, menstruation, etc.:
 - a. Cough, shortness of breath, or difficulty breathing Yes No
 - b. Fever (**100.4** or higher) or chills Yes No
 - c. Muscle or body aches Yes No
 - d. Vomiting or diarrhea Yes No
 - e. New loss of taste or smell Yes No

4. **CONTACT:** Have you been in close contact with someone experiencing the above symptoms of COVID-19 or who has tested positive for COVID-19 **in the past 14 days**? (Close contact can be loosely defined as being within 6ft of another person for more than 15 minutes) Please indicate.
 Yes No

If yes, please explain who you came in contact with and the extent of your contact with them.

5. **TRAVEL:** In the past 14 days have you traveled outside the country or to other states experiencing spikes in COVID-19 cases? Please indicate.
 Yes No

If yes, where did you go? _____

In the past 14 days have you been in close contact with anyone else who has recently traveled out of the country or to other states experiencing spikes in COVID-19 cases? Please indicate.

Yes No

If yes, where did they go? _____

6. **TESTING:**

a. I have tested positive for COVID-19. Yes No

If yes, date of positive test: _____

b. I have or had symptoms of COVID-19 and I am waiting for results of COVID-19 testing. Yes No

POST-EVENT HEALTH CHANGE: Within 2 weeks of attending a camping or retreat event, if I develop any of the common symptoms of COVID-19 listed in question #3 that are not explainable by another known health condition within 2 weeks of attending an event I agree to immediately inform Amy Marshall (admin@bwccampsandretreats.com or 410-867-0991), to avoid contact with others, and to seek immediate medical attention. I further agree to report to Amy Marshall any positive COVID-19 test result obtained within 2 weeks after the end of my camping or retreat event.

Guest (Age 18 or Older)

Guest (Under Age 18)

Print Name

Print Name

Signature Date

Printed Name of Parent with Legal Authority/Legal Guardian

Street Address

Signature Date

City/State

Street Address

Phone Number

City/State

Phone Number

Guest / Parent Guardian Initials
____ / _____