



Civitan's Camp Big Heart

Proof of Vaccination or Negative Covid Test

All in-person participants to Civitan's Camp Big Heart (e.g. staff, volunteers, campers) will be required to have either: Proof of vaccination or Negative COVID-SARS-2 test.

Proof of Vaccination: Present vaccination card or photocopy of vaccination card at time of check-in.

Vaccine Type: _____

Date(s) of Vaccination: _____, _____

OR

Negative Covid Test: A negative Rapid or PCR test within 72 hours of camp check-in.

Provider agency: _____

Result of Test: _____

Date of Test: _____

I confirm that the above information is accurate and true:

Print Participant's Name:

Print Parent/Legal Guardian's Name:

Signature of Participant Or Parent/Legal Guardian:

Date: _____

**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION
AGREEMENT FOR COMMUNICABLE DISEASES
("Agreement") for
CIVITAN'S CAMP BIG HEART**

In consideration of being allowed to participate in-person in Civitan's Camp Big Heart the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to an illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Civitan's Camp Big Heart, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Civitan Camp Big Heart Participant Code of Conduct

I understand I could get Coronavirus through any group activity at Civitan's Camp Big Heart. I am choosing to participate in activities at Civitan's Camp Big Heart at my own risk. During the time these precautions are needed, I agree to the following to help keep me and my fellow participants safe:

- I confirm that I do not have symptoms of COVID-19 and have not been in contact with anyone that has tested positive for COVID-19 symptoms in the past 14 days (cough, shortness of breath, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell)
- If I have COVID-19 symptoms, I will stay at home and NOT go to any activities until 14 days after all of my symptoms are over. If I am exposed to COVID-19 and have no symptoms, I can return 14 days after exposure.
- If I get or have had COVID, I will not go to any in-person Camp Big Heart Georgia events until 14 days after my symptoms end. I will go to my doctor and get written clearance before returning to any sport or fitness activities.
- I will have my temperature checked prior to leaving home to attend Civitan's Camp Big Heart.
- I will have my temperature checked upon arrival to Civitan's Camp Big Heart and at all meal times. If a fever exists, I will immediately depart to go home.
- Civitan's Camp Big Heart provided me the education on Civitan's Camp Big Heart rules for COVID-19 and who is at high risk.
- I know that if I have a high-risk condition, I have more risks that I could get sick or die from COVID-19. If I have a high-risk condition, I should not go to Civitan's Camp Big Heart events in person, until there is little or no Coronavirus in my community.
- I will try to keep at least 6 feet from all participants at all times.
- I will wear a mask at all times while at Civitan's Camp Big Heart activities. I may or may not have to wear it during activities, meals, and dorms/cabins.

- I will wash my hands for 20 seconds or use hand sanitizer before any activities. I will wash my hands any time I sneeze, cough, go to the bathroom or get my hands dirty.
- I will avoid touching my face. I will cover my mouth when I cough or sneeze and immediately wash my hands after.
- I will not share drinking bottles or towels with other people.
- I will only share equipment when instructed to. If equipment must be shared, I will only touch the equipment if it is disinfected first. If equipment must be shared, the appropriate cleaning supplies must be used to wipe down before the next participant uses for activity.
- I agree to contactless pickups. Civitan's Camp Big Heart will provide certain materials, t-shirts, snacks, water, etc. and understand that there will be no direct contact in picking up these items.
- I will abide by Civitan's Camp Big Heart's housing policy. Only the same gender will be allowed in each room. One person assigned to a dorm room. I will abide by camp curfew.
- I understand that if I do not follow all of these rules, I may not be allowed to participate in Civitan's Camp Big Heart activities during this time.
- I understand that any medical services needed for sickness or illness while participating at any Civitan's Camp Big Heart event will not be covered by the Civitan's Camp Big Heart insurance carrier, but instead will be covered by the insurance provider of the individual participant.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____

Participant Signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

