



Coronavirus (COVID-19)

Assumption of Exposure And Inherent Risk, Release Of Liability, Waiver Of Claims, Indemnity Agreement, And Declaration

I the parent/legal guardian of the child named below or myself (18 and over), hereby consent myself or my child's participation in an Official Scout Activity during the COVID-19 pandemic and agree to the following:

Coronavirus (COVID-19): COVID-19 is a mild to severe upper respiratory disease caused by the virus SARS-CoV-2. Experts have said that people with COVID-19 may show no signs or symptoms of illness, but can still spread the virus, and people may be contagious before their symptoms occur. Someone with COVID-19 may pass the required health screenings and be allowed into camp or the activity.

We also know the very nature of Scouting activities and camp makes social distancing and use of face masks difficult in many situations and impossible in others. Although we cannot ensure that all participants will follow all guidelines at all times, we will make every effort to encourage safe practices as appropriate.

Potential Exposure: I (and my child) understand that COVID-19 is considered highly contagious and is primarily spread from person to person, including asymptomatic persons. COVID-19 is more likely to be spread when people are within approximately six feet of one another. I (and my child) understand that while attending a Scout Activity I or my child may be within six feet of other people.

Inherent Risks: Exposure to COVID-19 includes certain risks, not all of which can be described herein, but may include coughing, shortness of breath, difficulty breathing, fever, chills, shaking, muscle pain, headache, sore throat, loss of taste or smell, pain or pressure in the chest, confusion, inability to wake, and death. The Boy Scouts of America, Allegheny Highlands Council (AHC), and Ho-Nan-Ne-Ho-Ont Lodge 165 have put in place preventative measures to reduce the spread of COVID-19 following CDC and Local Health Guidelines; however, we cannot guarantee that you or your child will not become exposed to or infected with COVID-19. Further, attending Scouting activities could increase your or your child's risk of contracting COVID-19.

Assumption of COVID-19 Exposure and Inherent Risks: I (and my child) have read the previous statements regarding COVID-19 exposure and inherent risks when attending a Scouting Activity. I (and my child) understand and appreciate the COVID-19 Exposure inherent in attending a Scouting Activity and that health-related reactions may manifest as a result of attending a Scouting Activity. I agree that myself or my child's attendance at a Scouting Activity is voluntary and hereby knowingly assume the risk of any and all COVID-19 Exposure. Every staff member, volunteer, and Scouting family has to evaluate their own unique circumstances and make an informed decision before attending Scouting Activities. We hope this information will be helpful as you make that choice.

Waiver, Release, and Indemnification. In consideration of being allowed to participate in a Scouting Activity I hereby acknowledge, on behalf of my child or myself, I/We knowingly, and with informed consent, do hereby waive, release, agree to defend and indemnify, and shall hold harmless the Boy Scouts of America, Allegheny Highlands Council Boy Scouts of America, Ho-Nan-Ne-Ho-Ont Lodge 165 Order of the Arrow, and all of their respective executives, employees, officers, volunteers, etc. ("**Released Parties**") from and against all demands, claims, losses, injury, damages, liability, attorneys' fees, costs, and/or expenses of litigation, in law or in equity, whether known or unknown, that have arisen or may arise from any COVID-19 Exposure and my or my Child's participation in the Scout Activity that involve any damage, loss, or injury to me and or my child. I promise not to sue any of the Released Parties for any such demands, claims, or liability. This waiver, release, indemnification agreement, and promise not to sue shall apply to any and all claims of negligence but does not apply to any claims of criminal conduct, gross negligence, or willful conduct.

Declaration. I declare that neither I nor any individual residing in the same home as myself or my child are ill today nor currently experiencing, nor have experienced within the last two weeks, any symptoms of COVID-19. I declare that prior to arrival at this Scouting Activity, I (or my child) have reviewed the attached Pre-Event Medical Screening Checklist and have determined that I (or my child) are able to participate in the Scouting Activity. I also agree that I (or my child) will comply with all the Scouting Activity COVID-19 safety policies including, but not limited to, arrival screening, facial coverings, and social distancing. Failure to comply may result in my or my child's dismissal from the Scouting Activity without refund.

This document is revocable, prospectively only, by a writing signed by me that bears the date the revocation is delivered to the above-mentioned Council or Order of the Arrow Lodge.

Attending Member Information:

Full Name: _____ Signature: _____ Date: ____/____/____
No Nicknames

Parent or Legal Guardian Information Required For Anyone Under The Age Of 18:

Full Name: _____ Relationship to Attending Member: _____

Signature: _____ Date: ____/____/____

Home Phone Number with Area Code: _____ Cell Phone with Area Code: _____



Coronavirus (COVID-19) Pre-Event Medical Screening Checklist

Use this checklist to assist in identifying potential COVID-19 cases before event participation.

Review with each youth and adult participant their current health status, both before departure and upon arrival at the event.

Anyone entering a camp or event – including visitors, vendors, etc. – must be screened.

Full Name: _____ Signature: _____ Date: ____/____/____
No Nicknames

- Yes No Have you or has anyone in your household been in close contact* in the past 14 days with anyone known or suspected to have COVID-19 or is otherwise sick?
- Yes No Have you or has anyone in your household been in close contact* with anyone who has been tested for COVID-19 and is waiting for results?
- Yes No Have you or has anyone in your household been sick in the past 14 days, or have you or they been tested for any illness and are waiting for results?
- Yes No Has anyone in your household been exposed to an individual known or suspected to have COVID-19 in the past 14 days?
- Yes No Have you or has anyone you have been in close contact* with traveled on a cruise ship or internationally or to an area with a known communicable disease outbreak in the past 14 days?

**According to the Centers for Disease Control and Prevention (CDC), “close contact” means:*

- You were within 6 feet of someone who has COVID-19 for a cumulative total of 15 minutes or more over a 24 hour period
- You had direct physical contact with an infected person (hugged or kissed them)
- You shared eating or drinking utensils
- An infected person sneezed, coughed, or otherwise got respiratory droplets on you

*If the answer is YES to any one of the five questions above, the participant must stay home.
If all answers above are NO, proceed to the symptoms list below.*

Symptoms of COVID-19

*If anyone in your household has **any one** of the following new or worsening signs or symptoms of possible COVID-19, the entire household must stay home.*

- | | |
|---|---|
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Muscle or body aches |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Fever of 100.0° or greater | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Flu-like symptoms | <input type="checkbox"/> Loss of taste or smell |
| <input type="checkbox"/> Repeated shaking with chills | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Nausea or vomiting |

Potential Higher-Risk Individuals

- Yes No Are you in a higher-risk category as defined by the CDC guidelines, including older adults, people with medical conditions, and those with other individual circumstances?

**If the answer is “yes,” we recommend that you stay home.
Should you choose to participate, you must have approval from your health care provider.**