

BR Mother-Daughter Retreat COVID-19 Pre-Camp Health Screening Log

COMPLETE 1 FORM FOR EACH PARTICIPANT

Complete the following starting 7 days before camp. Bring both documents and vaccine card(s) or a picture/copy of card(s) (if applicable) to the initial health screening process at camp.

Participants Name: _____ **Cabin Name:** _____ **Session:** _____

In an effort to minimize illness at camp we ask that you check on the health of yourself and your daughter daily beginning 7 days prior to camp. The best camp sessions start with healthy campers and this begins at home. Please indicate if you or your daughter has any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please have yourself/your daughter evaluated by a licensed provider and contact camp for further guidance. If you cannot confirm the statements below please call us to discuss. This tool is to be used by campers and staff 7 days immediately before arrival at camp. The intent is to create a conscious effort for self-examination of potential symptoms.

Start date of temperature/ symptom screening: _____

Day:	1	2	3	4	5	6	Check -in Day AM!
What is your temperature?							
Cough? (Y/N)							
Headache? (Y/N)							
Shortness of breath or difficulty breathing? (Y/N)							
Chills? (Y/N)							
Muscle aches? (Y/N)							
New loss of taste or smell? (Y/N)							
Nausea, vomiting, or diarrhea? (Y/N)							

Please complete this section on the day of Check-in.

1. The participants vaccination status for COVID-19 is Fully Vaccinated Partially Vaccinated Not Vaccinated **Initial** _____
 Date of Last Vaccination: _____

2. In the last two weeks, has the participant been in close contact with someone who has COVID-19 or anyone who has any symptoms consistent with COVID-19? **Initial** _____

3. The participant has not traveled internationally in the last 14 days. **Initial** _____

4. The participant is not experiencing any symptoms of COVID19? **Initial** _____

My signature indicates that I have completed this health screening daily for 7 days prior to camp and to the best of my ability. Additionally, my signature indicates that I have the legal capacity to act as the parent/guardian of the named minor. I understand that arriving at camp healthy is vital to a healthy camp for all campers and staff members.

Participants Name: _____ Signature of Participant/ Adult Guardian: _____ Date: _____

A camp health officer will fill out the portion below at check-in:

HEALTH SCREENING AT CHECK-IN:	Today's Date: _____
Participant's Temperature at Check-in: _____	
Any signs or symptoms of illness or injury upon arrival?	___ No ___ Yes, as noted below
Exposure to communicable diseases in the last 14 days?	___ No ___ Yes, as noted below
Additions or corrections to your health history?	___ No ___ Yes, as noted below
Is the participant experiencing any symptoms of COVID19?	___ No ___ Yes, as noted below
VACCINATED INDIVIDUALS ONLY: Did they present a vaccine card/copy of the card?	___ No ___ Yes

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation or the named minor's participation in Black River Farm and Ranch programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that my and my minor's participation in camp activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with camp participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with camp participation and that said list in no way limits the operation of this Agreement.

Initial _____

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Black River Farm and Ranch programs or accessing the facilities could increase the risk of contracting COVID-19. Black River Farm and Ranch in no way warrants that COVID-19 infection will not occur through participation in camp programs or accessing camp facilities.

Initial _____

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my and _____'s participation in Black River Farm and Ranch Camp Program, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Black River Farm and Ranch, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Black River Farm and Ranch on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Black River Farm and Ranch facilities/equipment or participation in Black River Farm and Ranch programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

Initial _____

In consideration of my and the named minor's participation in the camp program, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my and the named minor's camp participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in camp participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, that myself and/or the named minor sustains while participating in camp and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE of all liability for such loss, damage, or death. I further certify that myself and the named minor are in good health and have no conditions or impairments which would preclude my/his/her safe participation in the camp program.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participants Name (Print Clearly)

Date

Signature (Parent/Guardian if Participant is a Minor)

Parent/Guardian Name (Print Clearly)