



Camp Trusted Parents

Established 2013

Camp Trusted Parents COVID-19 Waiver

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. Camp Trusted Parents (CTP) has put in place preventative measures to reduce the spread of COVID-19; however, CTP cannot guarantee that you or your child(ren) will not become infected with COVID-19. COVID-19 is an extremely contagious virus and is believed to spread mainly from person-to-person contact.

Local, state and Federal government and health agencies recommend social distancing as well as limiting the size of people allowed to congregate. Further, attending CTP could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending CTP and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID19 at CTP may result from the actions, omissions, or negligence of myself and others, including, but not limited to, CTP employees, volunteers, and program participants and their families. I understand that myself and my child(ren) must be free from COVID-19 symptoms for my child to participate and, should symptoms develop while in the care of CTP, my child will be separated from the rest of the people on campus. I will be contacted and my child must be picked up within one hour of my being notified. If I should develop symptoms while in attendance, I will leave the summer camp campus of CTP premises immediately.

I further voluntarily agree that Camp Trusted Parents may monitor myself and my child(ren) for symptoms of COVID-19 (including, but not limited to, fever of 100.4 degrees Fahrenheit or higher, shortness of breath, chills, dry cough, sore throat and muscle aches). I will immediately notify CTP if I become aware of any person with whom my child or I have had contact exhibits any symptoms of COVID19, is advised to self-isolate, quarantine, or has tested positive for COVID-19. I agree CTP has the right to notify any campers/families/staff who may have been exposed should myself or my child(ren) require self-isolation, quarantine, or test positive for COVID-19. CTP may require a written clearance from a medical professional before myself or my child(ren) can return to participation at camp.

Trusted Parents, Inc.



2459 Wilkinson Blvd, Ste. 310, Charlotte, NC 28269 980-229-7253

www.trustedparents.org camp@trustedparents.org



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I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD(REN) OR MYSELF (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY OR MY CHILD(REN)'S ATTENDANCE AT CAMP TRUSTED PARENTS ("CLAIMS"). ON MY BEHALF, AND ON BEHALF OF MY CHILDREN, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS CAMP TRUSTED PARENTS, ITS EMPLOYEES, VOLUNTEERS, AGENTS, REPRESENTATIVES, AND VENDORS OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF CAMP TRUSTED PARENTS, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, WHETHER A COVID19 INFECTION OCCURS BEFORE, DURING, OR AFTER PARTICIPATION IN ANY CAMP TRUSTED PARENTS PROGRAM.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Parent/Legal Guardian Name (Please Print): _____

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Phone Number: _____

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