**2020 Indiana District Assemblies of God Youth Camp**

**Required Covid19 Release**

I knowingly and willingly consent to allow my child,

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**LAST NAME** of child (please print) **FIRST NAME** of child (please print)

to attend Indiana District Assemblies of God Youth Camp during the Covid19 pandemic.

I confirm that my child is not presenting any of the following symptoms of Covid19 listed below:

Fever (above 100.4 F) Vomiting or Diarrhea

Shortness of breath Runny nose

New loss of sense of taste or smell Sore throat

Dry cough

Although Lake Placid and the Indiana District Assemblies of God is undertaking certain precautions designed to reduce the spread of Covid19, IDAG cannot guarantee that you, your child, your family, your group members or other visitors will not become infected with Covid19 while on the camp’s property, while being transported in connection with camp, or while engaged in any camp-related activity.

By signing this agreement, I acknowledge the contagious nature of Covid19 and I voluntarily assume the risk that I or my child, family member or group may be exposed to or infected by Covid19 while on the camp’s property, while being transported in connection with camp, or while engaged in any camp-related activity. I further acknowledge that such exposure or contraction of Covid19 may result in personal injury, illness, permanent disability and/or death, as well as medical expense and other costs associated with contraction of the disease.

I understand that the risk of becoming exposed to or infected by Covid19 at Lake Placid may result from the acts, errors, omissions, or negligence of my child or others, including, but not limited to, Lake Placid employees or Indiana Youth Camp volunteers and other campers. I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury, illness or death to myself, my child, my family member or member of my group.

On behalf of myself, my child, my family member, and any member of my group for whom I am responsible, I hereby release, covenant not to sue, discharge, and hold harmless IDAG, its employees, leaders, owners, agents, and representatives of and from any claim of any kind, including all liabilities, claims, actions, damages, costs or expense of any kind arising out of or relating to the contraction by any person of Covid19, or any mutation or variation thereof.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_