



Individual and Family Release Form COVID-19 Waiver of Liability and Indemnity Agreement

This form must be completed for each participant or family and submitted to the camp at the time of arrival.

Group Name: _____

Date(s) of Event: _____ Location (Circle):

- HopeWood Pines
- HopeWood Shores
- HopeWood Connect

Adult Participant Names (Please Print)

1. _____ 2. _____

Minor Child(ren) Participant Name(s) (Please Print)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

In consideration of being permitted to utilize the facilities, services, and/or programs of HopeWood Outdoors at HopeWood Pines, HopeWood Shores, or HopeWood Connect and/or for my children listed above to so participate for any purpose, including, but not limited to, use of the HopeWood Outdoors facilities or equipment, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including cases in Ohio. In accordance with the most recent guidance and protocols issued by the Centers for Disease Control and Prevention (CDC), the Ohio Department of Health (ODH), and the American Camp Association (ACA) for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of HopeWood Outdoors within 10 days of (i) experiencing symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, (ii) having a suspected or diagnosed/confirmed case of COVID-19, or (iii) having been in close proximity to a person with a diagnosed/confirmed case of COVID-19.

HopeWood Outdoors has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that, due to the nature of the facilities and services offered by HopeWood Outdoors, social distancing of 6 feet per person may not be possible at all times. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, grounds, services, and programs of HopeWood Outdoors and acknowledges that use thereof by the undersigned and/or such participating children may, despite HopeWood Outdoors' reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

In further consideration of being permitted to use HopeWood Outdoors grounds and facilities, the undersigned hereby agrees to the following:

The undersigned, on his or her behalf and on behalf of such participating children, hereby releases, waives, discharges, holds harmless, and covenants not to sue HopeWood Outdoors, its board of directors, officers, employees, volunteers and agents from all liability to the undersigned or such participating adults and children and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children for any loss or damage, and any claim or demands on account of any injury to, or an illness or the death of, the undersigned or such participating children (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating children) whether caused by the negligence, active or passive, of

HopeWood Outdoors or otherwise while the undersigned or such participating children are in, upon, or about the premises or any facilities or equipment therein.

The undersigned further expressly agrees that the foregoing assumption of risk, release and waiver of liability, hold harmless, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully read and voluntarily sign this assumption of risk, release and waiver of liability, hold harmless, and indemnity agreement and further agree that no oral representations, statements or inducement apart from the foregoing written agreement have been made. I am aware that by agreeing to this agreement I am giving up valuable legal rights, including the right to recover damages from HopeWood Outdoors in case of illness, injury, death, including for the avoidance of doubt and without limitation, exposure to COVID-19 at any HopeWood Outdoors facility, grounds or program and any illness, injury or death resulting therefrom. I understand that this document is a promise not to sue and a release of and indemnification for all claims. If signing on behalf of my minor: I also understand that this agreement is made on behalf of my minor child(ren) and/or legal wards and I represent and warrant to HopeWood Outdoors that I have full authority to sign this agreement on behalf of such minor(s).

Please specify which participant requires special needs or dietary restrictions.

Special Needs: _____

Dietary Restrictions: _____

Release: a signature is required – if under 18 a parent or legal guardian is required to sign.

I hereby give permission for myself and/or my family members to participate in all camp activities. I have read and agree to HopeWood Outdoors' Privacy Policies found at hopewoodoutdoors.org/privacy including permission to use my and/or my family members' photo in HopeWood Outdoors and ELCA promotions. I/we will follow the camp rules and direction of camp staff. I give permission to the group leader (or designee) or camp staff to seek medical/surgical treatment for me and/or my family if I am unconscious or unavailable to respond in a medical emergency.

Signing for: Self Minor Child(ren) Date Signed _____

Adult Signature

Adult Signature

Printed Name

Printed Name

Phone

Phone

E-mail

E-mail

Address

City/State/ZIP