

## **COVID-19 “At-Risk” Camp Participant Statement**

Your safety and the safety of all our members, volunteers, and employees is the Quapaw Area Council’s top priority. In light of COVID-19, we are taking additional precautions on top of our long-established health and safety measures.

First, our council risk management committee is coordinating with state and local health departments to ensure we are aware of and follow their guidance to mitigate the risk of COVID-19 at camp.

Our mitigation plan includes but is not limited to:

- Health screening upon your arrival at camp conducted by our camp health officers, which will also include a temperature check.
- Limits on visitors in camp.
- Required face coverings at all times when 6’ social distance cannot be maintained
- Hygiene reminders throughout camp experience.
- Extra handwashing /sanitizer stations throughout camp.

These precautions are important, but they do not remove the potential for exposure to COVID-19 or any other illness while at camp. Some people with COVID-19 show no signs or symptoms of illness but can still spread the virus, and people may be contagious before their symptoms occur. These factors mean that an infected person may pass the required health screenings and be allowed into camp.

We also know the very nature of camp makes social distancing difficult in many situations and impossible in others.

Information from the Centers for Disease Control and Prevention (CDC) states that older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19. *If you are in this group, please ensure you have approval from your health care provider prior to attending camp.*

We also know that the effectiveness of these measures is dependent on the support of those participating. As a result, we are requiring that each participant and staff member who attends agree to the following statement:

*I have read and understand the above precautions being taken, as well as the risks associated with my participation in this event. My signature below indicates that I accept the risks and responsibilities of participating and will comply with the precautions and procedures that are determined necessary, including the wearing of proper face covering, maintaining distancing and other procedures as explained by the staff.*

Printed Name: \_\_\_\_\_

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

Parent/Guardian Signature (if minor): \_\_\_\_\_ Date: \_\_\_\_\_