

COVID-19**ASSUMPTION OF EXPOSURE AND INHERENT RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS, INDEMNITY AGREEMENT, AND DECLARATION**

I, the undersigned parent or legal **guardian of the** child named below, hereby consent to my and/or my child's participation in an Official Scout Activity ("**Scout Activity**") during the COVID-19 pandemic and agree to the following:

COVID-19. COVID-19 is a mild to severe upper respiratory disease caused by the virus SARS-CoV-2 ("COVID-19"). Experts have said that people with COVID-19 may show no signs or symptoms of illness, but can still spread the virus, and people may be contagious before their symptoms occur. Someone with COVID-19 may pass the required health screenings and be allowed into camp or the activity.

We also know the very nature of Scouting activities and camp makes social distancing and use of face masks difficult in many situations and impossible in others. Although we cannot ensure that all participants will follow all guidelines at all times, we will make every effort to encourage safe practices as appropriate.

Potential Exposure. I understand that COVID-19 is considered highly contagious and is primarily spread from person to person, including asymptomatic persons. COVID-19 is more likely to be spread when people are within approximately six feet of one another. I understand that while attending a Scout Activity I and/or my child may be within six feet of other people.

Inherent Risks. Exposure to COVID-19 includes certain risks, not all of which can be described herein, but may include coughing, shortness of breath, difficulty breathing, fever, chills, shaking, muscle pain, headache, sore throat, loss of taste or smell, pain or pressure in the chest, confusion, inability to wake, and death. The Boy Scouts of America, Laurel Highlands Council (LHC) has put in place preventative measures to reduce the spread of COVID-19; however, LHC cannot guarantee that you or your child(ren) will not become exposed to or infected with COVID-19. Further, attending Scouting activities or LHC properties could increase your risk and your child(ren)'s risk of contracting COVID-19.

Assumption of COVID-19 Exposure and Inherent Risks. I have read the previous statements regarding COVID-19 exposure and risks ("**COVID-19 Exposure**") inherent in attending a Scouting Activity. I understand and appreciate the COVID-19 Exposure inherent in attending a Scouting Activity and that health-related reactions may manifest as a result of attending a Scouting Activity. I agree that my attendance and or my child's attendance at a Scouting Activity is voluntary and hereby knowingly assume the risk of any and all COVID-19 Exposure.

Every staff member, volunteer, and Scouting family has to evaluate their unique circumstances and make an informed decision before attending Scouting activities or camp. We hope this information will be helpful as you make that choice.

Waiver, Release, and Indemnification. In consideration of being allowed to participate in a Scouting Activity and other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, and on behalf of my child and myself, and our respective estates, heirs, and assigns, I knowingly, and with informed consent, do hereby waive, release, agree to defend and indemnify, and shall hold harmless the Boy Scouts of America, the Laurel Highlands Council Boy Scouts of America, my Unit, and Chartering Organization, and all of their respective executives, employees, officers, volunteers, agents,

owners, affiliates, officers, directors, partners, managers, members, and agents (collectively, “**Released Parties**”) from and against all demands, claims, losses, injury, damages, liability, attorneys’ fees, costs, and/or expenses of litigation, in law or in equity, whether known or unknown, that have arisen or may arise from any COVID-19 Exposure and my participation in the Scout Activity that involve any damage, loss, or injury to me and or my child. I promise not to sue any of the Released Parties for any such demands, claims, or liability. This waiver, release, indemnification agreement, and promise not to sue shall apply to any and all claims of negligence, but does not apply to any claims of criminal conduct, gross negligence, or willful conduct.

Declaration. I declare that neither I nor any individual residing in the same home as me are ill today nor are currently experiencing, nor have experienced within the last two weeks, any symptoms of COVID-19. I declare that prior to arrival at this Scouting event/camp, I/my child(ren) have reviewed the attached Pre-Event Medical Screening Checklist and have determined that I/my child(ren) are able to participate in the Scouting Activity/camp. I also agree that I/my child(ren) will comply with all Scouting Activity/camp COVID-19 safety policies including, but not limited to, arrival screening, facial coverings, and social distancing. Failure to comply may result in my/my child(ren)s dismissal from the Scouting Activity/camp without refund.

This document is revocable, prospectively only, by a writing signed by me that bears the date the revocation is delivered to the above-mentioned Council.

Print Child’s Name (if applicable) _____

Printed Name of Adult Leader, volunteer, or Parent/Legal Guardian of child: _____

Signature of Adult Leader, volunteer, or Participant Parent/Legal Guardian of child

Cell Phone _____

Home Phone _____

Pre-Event Medical Screening Checklist

Use this checklist to assist in identifying potentially communicable diseases before event participation.

The intent of this checklist is to review with each youth and adult participant their current health status, both before departure and upon arrival at the event. Anyone entering a camp or event — including visitors, vendors, etc. — should be screened using this checklist.

- ☐ Yes ☐ No Have you been in contact with anyone who has COVID-19 or is otherwise sick?
- ☐ Yes ☐ No Have you or anyone you have been in close contact with traveled on a cruise ship, internationally, or to an area with a known communicable disease outbreak in the last 14 days?

If the answer is “yes” to either of these questions, the participant must stay home.

- ☐ Yes ☐ No Are you in a higher-risk category as defined by the CDC guidelines?
- If the answer is “yes” to this question, we recommend that you stay home. Should you choose to participate, you must have approval from your healthcare provider and then proceed to the symptom decision tree below.

If the above answers are “no,” proceed to this symptom decision tree.

- ☐ Shortness of breath
- ☐ New or worsening dry cough
- ☐ Fever of 100.4° or greater
- ☐ Flu-like symptoms
- ☐ Vomiting
- ☐ Diarrhea

NONE

- ☐ Cough
- ☐ Unexplained extreme fatigue or muscle aches
- ☐ Rash
- ☐ Sore throat
- ☐ Open sore

YES to any ONE symptom

YES to any TWO or more symptoms

THE PARTICIPANT MUST STAY HOME
These symptoms are associated with communicable diseases and the participant **MUST** stay home until medically cleared by their health care provider.