

South Missouri Baptist Assembly (Van Buren Children's Camp) Liability Waiver for COVID-19 (CHILD)

Childs Name:

Date:

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that the SMBA has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that the SMBA cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SMBA staff present during our use of the facility.

I voluntarily use the facilities provided by SMBA and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19 through group participation. I acknowledge that I and my child must comply with all set procedures to reduce the spread while participating in activities at the SMBA.

I attest that: (please review and check each item)

My child is not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

My child has not traveled internationally within the last 14 days.

My child has not traveled to a highly impacted area within the United States of America in the last 14 days.

I do not believe my child has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

My child has not been diagnosed with Coronavirus/Covid-19 recently.

My child has been following all CDC recommended guidelines as much as possible, limiting their exposure to the Coronavirus/COVID-19.

My child is also following guidelines established by the SMBA, the city of Van Buren, the county of Carter, and the state of Missouri.

I understand that I must provide primary medical insurance and/or coverage for my child, myself, and any minors under my guardianship while on the SMBA property.

In all matters pertaining to COVID-19, I hereby release and agree to hold the SMBA and Reynolds County Baptist Association harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the SMBA and Reynolds County Baptist Association, or that may otherwise arise in any way in connection with any services received from the SMBA and Reynolds County Baptist Association. I understand that this release discharges the SMBA and Reynolds County Baptist Association from any liability or claim that I, my heirs, or any personal representatives may have against them with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from the SMBA and Reynolds County Baptist Association. This liability waiver and release extends to the SMBA and Reynolds County Baptist Association, together with all owners, partners, and employees.

Signature of parent or guardian:

Minor(s) under my guardianship listed below: