
Happening Liability - COVID19

For:

Please read carefully and entirely before signing.

I understand that COVID-19 (novel coronavirus) is considered to be extremely contagious and can result in a range of symptoms, which include, but are not limited to, fever, shortness of breath, fatigue, loss of taste or smell, and nausea or vomiting. These symptoms can be mild or severe, sometimes resulting in death. Additional information on the spread and effect of COVID-19 is available at, [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus).

I acknowledge that COVID-19 is primarily spread person-to-person, and a person does not have to be showing signs of illness in order to spread this virus. I understand that the risk of person-to-person spread of the virus is increased by activities in close contact with others. I acknowledge that participation in these activities could increase the risk of transmitting COVID-19.

I affirm that neither I nor members of my household have been diagnosed with, demonstrated any symptoms of, or been exposed to any communicable diseases in any way within the past thirty (30) days - including, but not limited to, the novel coronavirus, referred to as COVID-19.

I affirm that I will adhere to all safety precautions communicated by the Happening Board and Camp Capers while participating in this activity. engaging in activities.

By signing this Agreement, I acknowledge that I understand the risks related to COVID-19 and other communicable diseases and understand that the risk of contracting COVID-19 may be increased by participation.

I voluntarily assume the risk of allowing myself, or my child, to participate in Happening activities. I understand that I/my child is not required to participate in Happening activities. I voluntarily agree to assume all risks and accept sole responsibility for any injury or illness up to and including permanent disability or death for my child and/or myself and others arising out of the participation in Happening events. On behalf of myself, my child, and any successor guardian of my child, I hereby release, covenant not to sue, and agree to hold harmless The Diocese of West Texas Happening Board, Camp Capers, agents, insurers, and representatives for any and all claims, liabilities, harm, damages, costs, or expenses related to any illness, including the contraction of COVID-19, arising out of Happening activities.

By signing this Agreement, I acknowledge that I have read the foregoing fully and understand the contents of the Waiver. I acknowledge the risks associated with participation in Happening activities and the possible contraction of COVID-19 or other communicable diseases and wish for me or my child (Named Participant below) to participate in Happening activities.

Participant Name:

Parent Name (if participant is a minor)

Signature _____

Date _____