

**PARENTAL/GUARDIAN, SCOUT, & LEADER  
COVID-19 ACKNOWLEDGEMENT & CONSENT WAIVER FORM**

Participant Name: \_\_\_\_\_ Unit # \_\_\_\_\_

Birth Date: \_\_\_\_\_ . Gender: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

*The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and as a result, social distancing along with other preventative measures are recommended by local, federal, and international authorities. Quivira Council will strive to adhere to local, federal and international recommendations on preventative measures to reduce the spread of COVID-19 during Quivira Council Activities. Even though the Council will strive to adhere to such standards, Quivira Council cannot guarantee that you or your child(ren) will not become infected with COVID-19 before, during or after Quivira Council Activities.*

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by participating in Quivira Council Activities and that such exposure or infection may or may not result in mild to serious illness, temporary to permanent personal injury, temporary or permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Quivira Council Activities may result from many causes which could include actions, omissions, or negligence of myself or others, including, but not limited to, Quivira Council staff, volunteers, participants, participant's families, and other unknown or unidentified sources. I also understand and recognize that the means of transmission of COVID-19 are not fully understood but will abide by all recommendations and directives made by representatives of Quivira Council to protect myself, my children and my family from infection.

Considering the foregoing, I (print) \_\_\_\_\_, grant permission for my child, (print) \_\_\_\_\_, to participate in Quivira Council Activities understanding and appreciating the risks associated with the COVID-19 virus.

Should the above listed minor/child be suspected of exhibiting COVID-19 symptoms and a legally custodial parent or legal guardian can not be directly contacted for approval in a timely manner, I authorize the Camp Director or their designee to facilitate the minor/child to take a COVID-19 test at an appropriate facility of the Camp Director's or their designee's choice. I also authorize the results of the said COVID-19 test to be shared with the Camp Director or their designee.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, hold harmless, and defend Quivira Council, volunteers, program participants and their families ("indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the indemnitees' in relation to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE THAT I AM AGREEING TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE INDEMNITIES' FROM THEIR OWN NEGLIGENCE IN REGARD TO THE INDEMNITEES' NEGLIGENT ACTION AND/OR INACTION IN REGARD TO PROTECTION AGAINST THE COVID-19 VIRUS.

Participant Signature: \_\_\_\_\_ . Date: \_\_\_\_\_  
(Scout/Leader Signature acknowledges the inherent risks of COVID-19 Virus and participation in camp activity.)

Parent/Guardian Signature: \_\_\_\_\_ . Date: \_\_\_\_\_  
(Under 18 Parent Signature acknowledges the inherent risks of COVID-19 Virus and participation in camp activity.)