



Assumption of Risk and Waiver of Liability Relating to Coronavirus (COVID-19)

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing, the wearing of cloth face coverings, and have, in many locations, prohibited the congregation of groups of people.

The Boy Scouts of America, Conquistador Council has put in place preventative measures to reduce the spread of COVID-19; however, Conquistador Council cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Conquistador Council's properties, including Wehinahpay Mountain Camp, Dowling Aquatic Base, and Camp Jim Murray, could increase your risk your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Conquistador Council properties may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Conquistador Council employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at a Conquistador Council property or participation in a Conquistador Council programming ("Claims").

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Boy Scouts of America, Conquistador Council, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Conquistador Council, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Conquistador Council program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Participant(s)



BOY SCOUTS OF AMERICA®
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Please complete this any time during the week before your event. Adults should complete both sides of this form for themselves, youth should have this form completed for them by their parent or guardian

Date of Covid Test (or date of results received if different.)	
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Are you fully vaccinated? ___ Yes ___ No

The CDC defines vaccinated as: everyone ages 5 years and older get their primary series of COVID-19 vaccine, and everyone ages 12 years and older also receive a booster.

Have you had signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt “feverish” or had a temperature that is elevated for you of 100.4° or greater? ___ Yes ___ No

Do you have any of the following symptoms?

- Cough ___ Yes ___ No
- Shortness of Breath or Chest Tightness *(that is not attributed to another health condition)* ___ Yes ___ No
- Sore Throat? ___ Yes ___ No
- Nasal Congestion/Runny Nose? ___ Yes ___ No
- Muscle or body aches? ___ Yes ___ No
- Lose of Taste and/or Smell? ___ Yes ___ No
- Diarrhea? ___ Yes ___ No
- Nausea? ___ Yes ___ No
- Vomiting? ___ Yes ___ No
- Fever/Chills/Sweats? ___ Yes ___ No
- Headache? ___ Yes ___ No
- Fatigue? ___ Yes ___ No

Have you traveled outside of the state in the last 14 days? ___ Yes ___ No

Have you had any close contact in the last 14 days with someone with a diagnosis of COVID-19? ___ Yes ___ No

Have you had any close contact in the last 14 days with someone with awaiting a COVID-19 test result? ___ Yes ___ No

Parent’s Name: _____

Parent’s Signature: _____

Date: _____

Name of Scout Leader receiving this form: _____