

# DUE ON THE FIRST DAY OF CAMP AT CARPOOL

## PROVIDENCE DAY SUMMER CAMP COVID-19 RISK RELEASE FORM

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 and have, in many locations, prohibited the congregation of groups of people.

Providence Day School has put in place preventative measures to reduce the spread of COVID-19; however, Providence Day School cannot guarantee that your child(ren) will not become infected with COVID-19. Further, participating in summer camps at Providence Day School could increase 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) may be exposed to or infected by COVID-19 by participating in the Providence Day School Summer Camps Program and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

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 participation in Providence Day's Summer Camp Program ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Providence Day School, 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 Providence Day School, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Providence Day Summer Camps Program.

I also attest that my child(ren) has/have not been in contact within the last 14 days with someone with a confirmed diagnosis of COVID-19 or have traveled in the last 14 days to a restricted area that is under a Level 2, 3, or 4 Travel Advisory according to the U.S. State Department (including China, Italy, Iran, and most of Europe) or traveled to New York, New Jersey, Massachusetts or Connecticut in the last 14 days.

In addition, some child(ren) may fall into the "vulnerable individuals" category from the CDC for high risk for severe illness from Covid-19. (See the category list below).

Vulnerable Individuals -From the CDC: Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- [People 65 years and older](#)
- People who live in a nursing home or long-term care facility

People of all ages with [underlying medical conditions, particularly if not well controlled](#), including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
  - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

If your child(ren) fall(s) into the "vulnerable individuals" category, by signing this release, you are certifying that your child(ren's) healthcare provider has approved your child(ren) to participate in the Providence Day School Summer Camps Program.

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Child(ren's) Name(s)	Date of Birth	Grade in School	Date
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Signature of Parent or Legal Custodian	Date
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