Horton Haven Christian Camp Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. HHCC has put in place preventative measures to reduce the spread of COVID-19; however, **HHCC cannot guarantee that you will not become infected with COVID-19**. Further, participation could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure 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 and may result from the actions, omissions, or negligence of myself and others, including, but not limited to, 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 myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at HHCC. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless HHCC, its 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 HHCC, its, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at HHCC.

I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document. I have read and understood this document and I agree to be bound by its terms. Refusal to sign will prohibit entrance into camp.

Signature	Print Name			
Address	City	State	Zip	
Telephone ()	Date _			
	PARENT OR GUARDIAN ADDITION (Must be completed for participant			
	PRINT minor's Releasees from any claims alleging nation by minor.			
Parent or Guardian	Print Name	Da	te	