

Name: _____

Dates: _____

Miracle Camp and Retreat Center
Pre-Camp Health Screening

Dear Camp Families,

In an effort to minimize illness at camp we ask that a Pre-Camp Health Screening be completed by every participant (or on behalf participants under 18 yrs of age) prior to the arrival at Miracle Camp and Retreat Center. This screening form should be completed ON THE DAY OF ARRIVAL reflecting the evaluation of the health of your camper for the past 14 days. The best camp sessions start with healthy campers, and this begins at home. You must sign (front and back) and bring this form with you to registration in order to attend camp.

Please indicate if you have any of the following symptoms prior to camp. If any temperature or symptoms are present, please seek evaluation by a licensed provider and contact camp for further guidance.

Symptoms (symp):

- Cough
- Shortness of breath or difficulty breathing
- Fever*
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomitting
- Diarrhea

* A temperature above 100.4° F is considered a fever

Please initial each statement below if the statement is accurate.

To the best of my knowledge, I have not, within 14 days prior to my planned arrival at camp, been in close proximity to anyone with any of the listed symptoms of COVID-19.
Initial _____

No one in my household has experienced a communicable illness of any kind within 14 days prior to my planned arrival at camp.
Initial _____

I have not traveled by air, nor have I traveled out of my state of residence, within 14 days prior to my planned arrival at camp.
Initial _____

I have adhered to all social distancing guidelines regarding COVID-19 as outlined by the state in which I reside.
Initial _____

I have not had a fever nor have I exhibited any of the listed symptoms associated with COVID-19 within 14 days prior to my planned arrival at camp.
Initial _____

Please explain why any of the above statements are not accurate:

Our signature indicates that we completed this health screening daily for 14 days prior to camp and to the best of our ability. We understand that arriving to camp healthy is vital to a healthy camp for all campers.

Signature _____ **Date** _____

Miracle Camp and Retreat Center REQUIRED COVID 19 SUPPLEMENTAL RELEASE:

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 primarily through person-to-person contact. As a result, social distancing is recommended as a preventative measure. It's possible that the current strain of COVID-19 may change or mutate over time, the scope of which is unpredictable.

Although Miracle Camp and Retreat Center (MCRC) is undertaking certain precautions designed to reduce the spread of COVID-19, MCRC cannot guarantee that you, your child, your family, your group members or other visitors will not become infected with COVID-19 while on the camp's property, while being transported in connection with camp, or while engaged in any camp-related activity.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and I voluntarily assume the risk that I or my child, family member or group may be exposed to or infected by COVID-19, while at MCRC, while being transported in connection with camp, or while participating in camp-related activity. I further acknowledge that such exposure or contraction of COVID-19 may result in personal injury, illness, permanent disability and/or death, as well as medical expense and other costs associated with contraction of the disease.

I understand that the risk of becoming exposed to or infected by COVID-19 at MCRC may result from the acts, errors, omissions, or negligence of myself and others, including, but not limited to, MCRC employees, volunteers and other campers. I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury, illness or death to myself, my child, my family member, or member of my group.

On behalf of myself, my child, my family member, and any member of my group for whom I am responsible, I hereby release, covenant not to sue, discharge, and hold harmless MCRC, its employees, leaders, owners (Fellowship of Evangelical Churches), agents, and representatives, of and from any claim of any kind, including all liabilities, claims, actions, damages, costs or expense of any kind arising out of or relating to the contraction by any person of COVID-19, or any mutation or variation thereof.

Signature _____ **Date** _____