



SBU Girls Basketball Camp
Assumption of Risk, Release, and Waiver of Liability Agreement

Camper & Parent/Guardian
Initial Below

_____ I have read and understand that SBU Girls Basketball Summer Camp COVID-19 Management Guidelines. If I have any questions or concerns regarding these guidelines, SBU's compliance with health authority (Missouri, CDC, or other agency) requirements and guidelines, or what is expected of me, I will speak with the camp coordinator and/or SBU personnel prior to participating in camp.

_____ I have reviewed and understand the COVID-19 information from the CDC listed below. If I have any questions or concerns regarding COVID-19 I will speak with my doctor or another health professional.

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>

_____ I understand it is my responsibility to report symptoms of any illness, including COVID-19, and to report a diagnosis of COVID-19 to the camp coordinator and/or camp staff. I agree to do so.

_____ I understand that I cannot attend camp if I have symptoms of any illness, have been exposed to COVID-19, or have tested positive for COVID-19.

_____ I am aware what the symptoms of COVID-19 are and how to mitigate (lessen the risk of) the spread of COVID-19. I agree that I am personally responsible for my own health and for taking reasonable steps to avoid getting others sick.

_____ I am aware that if my symptoms change throughout the day that it is my responsibility to report them to the camp coordinator and/or athletic training staff.

_____ I am aware that not all persons with COVID-19 are symptomatic. I acknowledge that no action can be taken to entirely prevent the spread of COVID-19 or to ensure that I will not get sick with COVID-19. I knowingly and voluntarily assume the risks inherent to participation in any camp or clinic at SBU, including the risk of exposure to COVID-19.

_____ I will complete any COVID-19 screening as required by SBU Girls Basketball Camp staff prior to participation. This includes self-monitored daily symptom checking before arrival at camp each day, and the Health Screening Process, which includes Health Screening Questions and a temperature check, administered by camp staff during drop-off.

_____ I agree to practice social distancing, hand-washing, and other measures designed to mitigate the risk of transmission of COVID-19, as set forth in the SBU Girls Basketball staff.

_____ I am aware that camp guidelines may change, and I agree that I will follow any guidelines, whether written or oral, set in place by SBU, in regards to measures to mitigate the risk of transmission of illness, including measures related to wearing personal protective equipment (PPE) such as face masks.

_____ I am aware that if the camper starts to display symptoms associated with COVID-19, they will be required to leave camp and will not be allowed to return to camp. I acknowledge that parent(s)/guardian(s) must promptly pick up the camper upon notice from staff of symptoms.

_____ I am aware that a camper's or the camper's parent/guardian must notify camp staff as soon as practicable if a camper tests positive or is presumptively positive for COVID-19.

_____ I am aware that a camper who has symptoms of COVID-19 or who has tested positive for COVID-19 cannot attend camp for a minimum of 10 days, and may only return after 10 days if they either are symptom-free for 72 hours or have two negative COVID-19 tests taken at least 24 hours apart. I am also aware that campers who have had a known exposure to COVID-19 cannot attend camp until they have completed a 14-day quarantine or are otherwise cleared for participation by a physician.

_____ I am aware that my participation in this camp or physical activity with other participants may put me at a higher risk for contracting COVID-19. I acknowledge and accept this risk of potential infectious disease which may result in illness, hospitalization, or death.

I have carefully read this Assumption of Risk, Release and Waiver of Liability. I agree to assume all risk of, release, and waive all claims and causes of action for any injury, illness, death, or damage to property that may occur while participating in SBU Girls Basketball camp, including but not limited to any such injury, illness, death or damage related to COVID-19. I understand that compliance with the expectations set forth in the SBU Girls Basketball Camp COVID-19 Management Guidelines is a responsibility with which I agree to abide. I am freely and voluntarily entering into this waiver of liability, release and assumption of risk

In consideration of the opportunity to participate in a camp/clinic at SBU, I do hereby release and forever discharge the Board of Trustees of Southwest Baptist University, and its directors, employees, and agents, in their individual and official capacities from any and all claims, liabilities, damages, causes of action of any nature and kind, known or unknown, resulting from illness, injuries, death, or loss of property, which may occur during attendance at and/or participation in SBU Women's Basketball sponsored camps/clinics.

Name of Camper

Signature of Camper

Date

Printed Parent/Guardian (if under the age of 18)

Signature Parent/Guardian (if under the age of 18)

Date