

**OKLAHOMA DISTRICT CAMP HEALTH SCREENING WAIVER
CAMP MEETING
JULY 12-16, 2021**

PARTICIPANT NAME: _____ **DATE:** _____

Please check one as applicable:

- Camper**
 Volunteer/Staff

ACTIVITY/AREA VISITING: OKLAHOMA DISTRICT CAMPGROUND

We are committed to providing a safe and healthy ministry and event for all volunteers, children, participants, and visitors. Please fully complete this form prior to or upon arrival.

Carefully consider how you have been feeling. If completing this form for a child, indicate Yes or No on behalf of the child. In the past 14 days, have you or your child, as applicable, experienced any of the following symptoms?

	Yes	No		Yes	No
Cough or shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	New loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	Unexplained fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Fever of 100.4°F or higher	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting or nausea	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>			

Carefully read each question below. If completing this form on behalf of a child, please indicate Yes or No on behalf of the child. In the past 14 days:

	Yes	No
Have you tested positive for an infectious disease or a virus?	<input type="checkbox"/>	<input type="checkbox"/>
Are you waiting on a test result for an infectious disease or a virus?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in close proximity for 15 minutes or more to anyone who tested positive for, or has symptoms consistent with, an infectious disease or virus?	<input type="checkbox"/>	<input type="checkbox"/>

Answering "Yes" to any question may mean you (or your minor child) will not be permitted to enter into the property of the Oklahoma District Campground and/or engage in the camp listed above. You (or your minor child) may be advised to return when feeling better or required to obtain a medical evaluation and/or approval from a medical provider before being granted access to the premises or being permitted to participate in any camp activity.

I CERTIFY THAT I HAVE ANSWERED ALL QUESTIONS HONESTLY AND TO THE BEST OF MY ABILITY.

PARTICIPANT NAME: _____ **PHONE:** _____

NAME OF PARENT/GUARDIAN (if participant is a minor): _____

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE: _____

PARTICIPANT'S TEMPERATURE TODAY: _____ **TIME:** _____ **DATE:** _____

PARTICIPANT WAIVER AND RELEASE

Please read carefully. This Agreement affects your legal rights and is legally binding. By signing this Agreement, you are releasing the United Pentecostal Church International (UPCI), The Oklahoma District of the UPCI, The Oklahoma District Campground, and all pastors, ministers, officers, directors, employees, volunteers, agents, representatives, and insurers (hereinafter the “Oklahoma District”) from all liability and forever giving up any claims thereof.

General

I acknowledge and agree that there are risks inherent in attendance and participation in the Oklahoma District camp, which may result in various types of injury or damage, including but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for mine and/or a minor child’s opportunity to attend and/or participate in the Oklahoma District camp, I, on behalf of myself and/or the minor child, acknowledge and accept the risks associated with participation and attendance. On behalf of myself and/or a minor child, I knowingly accept personal financial responsibility for any injury or other loss sustained during the attendance and participation in the Oklahoma District camp. I further accept personal financial responsibility for any medical treatment rendered to the participant that is authorized by the Oklahoma district, its agents, employees, volunteers, or other representatives.

Further, I hereby release the Oklahoma District of all liability for any property damage, injury, loss, illness, or death. I further agree to indemnify, defend, and hold harmless the Oklahoma District, its employees, leaders, owners, agents, and representatives from any and all causes of action, claims, demands, losses, or costs of any nature arising out of or in any way related to my or the minor child’s attendance or participation in the Oklahoma District Camp, including but in no way limited to damages or liability from damage to property, bodily injury, personal injury, emotional injury, illness, permanent disability, and/or death, as well as medical expenses and other costs for myself or the minor child.

Initial After Reading: _____

Coronavirus/Infectious Disease

Coronaviruses, like COVID-19, SARS, and the common cold, are a large family of viruses that can cause upper or lower respiratory infections. Coronaviruses are contagious and believed to be spread by person-to-person contact. As a preventative measure and to help reduce the spread of coronaviruses, the Oklahoma District is recommending and requiring a Health Screening for all participants, campers, and volunteers. ***However, I acknowledge, understand, and accept that the Oklahoma District will not implement, require, nor enforce a camp-wide mask mandate.***

I acknowledge and agree that the Oklahoma District cannot guarantee that I (or the minor child) will not be exposed to, become infected with, or suffer injury from a coronavirus or other communicable/infectious disease (whether viral, bacterial, parasitic, or fungal), or sickness while on the premises, while traveling to any organizational activity, or while engaged in any organization-related activity.

By signing this Agreement, I acknowledge the contagious nature of coronaviruses and other communicable/infectious diseases and sickness. I voluntarily assume the risk that I (or the minor child) may be exposed to, infected by, or suffer injury from a coronavirus or other communicable/infectious disease or sickness while at the organization, while being transported in connection with the organization or organizational activity, or while participating in an organization-related activity. I further acknowledge that such exposure or infection may result in bodily injury, personal injury, emotional injury, illness, permanent disability, and/or death, as well as medical expenses and other costs for myself (or the minor child).

I understand that the risk of becoming exposed to, infected by, or injured from a coronavirus or other communicable infectious diseases or sickness at the Oklahoma District camp may result from acts or omissions of others or myself. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any and all injury, illness, or death to myself (or the minor child). I further certify that myself, and/or the minor child, are in good health and have no conditions or impairments, which preclude my or the child’s safe attendance and participation in the Oklahoma District camp.

On behalf of myself (or the minor child), I hereby release and promise to indemnify, defend, and hold harmless the Oklahoma District, its employees, leaders, volunteers, owners, agents, and representatives, of and from any claim of any kind. A claim includes all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating to the exposure to, contraction of, or injury from a coronavirus or other communicable/infectious disease or sickness.

I, hereby, understand that the Oklahoma District is **not** requiring any camp attendees, dorm residents, agents, representatives, or assigns to be vaccinated in order to be present, attend services, or participate in activities on the Oklahoma District campground. I fully understand the risks and guidelines for vaccinated and unvaccinated individuals as explained by the Centers for Disease Control (CDC), and I hereby represent and warrant that I will act reasonably, responsibly, and in accordance with recommendations from the CDC for my safety and the safety of others (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>).

Initial After Reading: _____

Certification and Signature

If a dispute over this Agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable alternative dispute resolution process.

I certify that I am of lawful age and otherwise legally competent to sign this Agreement. If signing on behalf of a minor child, I affirm and certify that I have the legal capacity to sign on behalf of the minor child. I further certify and affirm that, after an arm's length negotiation, I am freely signing this Agreement, free from any inducement or representation.

I further affirm I have read this Agreement and fully understand that by signing this Agreement, I am giving up legal rights and/or remedies which may be available to myself and/or the minor child regarding any losses I or the minor child may sustain as a result of participation in the Oklahoma District camp.

PARTICIPANT NAME: _____ **DATE:** _____

NAME OF PARENT/GUARDIAN (if participant is a minor): _____

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE: _____