

Maryland-National Capital Park and Planning Commission
Montgomery County Department of Parks
COVID-19 Waiver & Consent Form for Summer Camps

I, _____, understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC). COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, the Maryland-National Capital Park and Planning Commission's ("Commission") Montgomery County Department of Parks, has put in place preventative measures, including physical distancing where possible, to reduce the spread of COVID-19; however, the Commission cannot guarantee you, your family, or other participants will not become infected with COVID-19 while visiting its facilities or participation in its programs.

While the Commission strives in all its programs to achieve the CDC's guidance on physical distancing and follows State and local protocols in both the wearing of face masks and adherence to overall maximum numbers, participation in activities and programs including, _____, that runs the week of _____ may not always allow for proper physical distancing measures and practices at all moments or times. I acknowledge that participation in any activities offered by the Commission is purely voluntary, and neither I, nor my child, should participate in any activity or program beyond my, or their, physical or medical condition which makes them uncomfortable or which I, or they, consider unsafe.

I hereby represent that:

- (1) If the participant is a minor, I am his/her parent/legal guardian and am legally authorized to provide the releases, authorizations, and permissions stated herein and all the information provided is accurate and complete.
- (2) Neither I, nor my child have exhibited any of the symptoms of COVID-19 within the last 10 days prior to camp which include, but not be limited to: fever, chills, muscle aches, cough, fatigue, sore throat, difficulty breathing, a loss of taste or smell, or any other flu-like symptoms.
- (3) Neither I nor my child have not been in close, prolonged contact with anyone who has exhibited these symptoms within the last 10 days.
- (4) Neither I, my child nor anyone else in our household has tested positive for the coronavirus.

I further understand that should I, my child, or anyone else in our household develop any of the above symptoms during the course of the program, or learn of our exposure to someone else with these symptoms, my and/or my child's participation in the program will be terminated immediately and will remain terminated for at least 14 days.

THIS RELEASE OF LIABILITY CONTAINS A RELEASE OF KNOWN AND UNKNOWN CLAIMS BY YOU AND YOUR CHILD. BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY, AND KNOWINGLY AND VOLUNTARILY SIGN BELOW.

Printed Name of Participant

Date

Signature of Participant or Parent/Guardian (if Participant is under 18)