

## Girl Scouts of San Jacinto Council Assumption of Risk and Release of Liability – Coronavirus/COVID-19

NAME \_\_\_\_\_ TROOP/GROUP # \_\_\_\_\_

Activity/Place: \_\_\_\_\_ Date(s): \_\_\_\_\_

Adult is  Attendee  Volunteer for Activity      Mobile Number \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

Please answer the following questions:

1. Have you tested positive for COVID-19 in the past 5 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Have you had any one or combination of other symptoms of COVID-19 within the last 72 hours? Possible symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle aches or pain, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. During the previous 5 days, have you been advised to self-isolate or quarantine by a doctor or health authority or based on CDC guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. During the previous 5 days, have you been in contact with a person who has, or has a member of your household tested positive for COVID-19 in the last 10 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. For Adventure Park participants only:</b> During the previous 10 days, have you been in contact with a person who has tested positive for COVID-19 in the previous 10 days? If yes, you may not participate in Adventure Park activities until the 11 <sup>th</sup> day after exposure, but you may participate in other Girl Scout activities if all other answers on this screening log are “no”.	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*If the answer is “yes” to any of these questions, the participant should not attend this activity.

\*Name \_\_\_\_\_ \*Troop #/ Group \_\_\_\_\_

I am aware of the highly contagious nature of the 2019 novel coronavirus disease (“COVID-19”) as well as the symptoms, illnesses, and effects it causes. I am also aware that by participating in any Girl Scouts of San Jacinto Council (“GSSJC”) activity, I, my family, our household members, and those with whom we come into contact could experience exposure to or infection by COVID-19, as well as its serious effects, which include illness, injury, permanent disability, and death. I acknowledge that this risk may result from or be compounded by the acts or omissions of others, including GSSJC employees and volunteers. I understand that GSSJC cannot guarantee that I, my family members, my household members, or those people with whom we come into contact, will not become infected with COVID-19 as a result of participating in GSSJC activities or while on GSSJC premises.

I am familiar with federal, state, and local laws, orders, directives, and guidelines related to COVID-19, including the Centers for Disease Control and Prevention (“CDC”) guidance. I (and/or, as applicable, my minor child) will comply with all such orders, directives, and guidelines while participating in GSSJC activities and while on GSSJC premises. I further agree that while participating in GSSJC activities and while on GSSJC premises, I (and/or, as applicable, my minor child) am required to follow all GSSJC guidelines and staff directions that have been provided to me, whether in an agreement at the activity, on GSSJC’s webpages, or otherwise, including all instructions regarding COVID-19. I further understand that any violation of these guidelines or staff directions may result in me (or, as applicable, my minor child) being asked to immediately cease participation in the activity with no refund.

I agree that I (and/or, as applicable, my minor child) will not participate in any in-person GSSJC meetings or activities or enter GSSJC premises if I (and/or, as applicable, my minor child) am experiencing symptoms of COVID-19 (including but not limited to cough, shortness of breath, fever, chills, muscle pain, sore throat, or new loss of taste or smell); have a confirmed or suspected case of COVID-19; or have had close contact in the last 5 days with a person who has been confirmed or suspected of having COVID-19. In the event that I (and/or, as applicable, my minor child) receive a positive antigen or PCR test result for COVID-19 in the next 5 days, I will immediately notify GSSJC by contacting Melissa Hardy at mhardy@sjgs.org, and I and others members of our household will also refrain from participating in any in-person GSSJC meetings or activities for at least 5 days after a positive antigen or PCR test date, even if we are asymptomatic.

In consideration of being permitted to participate in GSSJC activities, I, on behalf of myself, my minor child, and any and all of our beneficiaries, heirs, next of kin, successors, assigns, representatives, and agents, do hereby **RELEASE, ACQUIT, AND FOREVER DISCHARGE** Girl Scouts of the USA and GSSJC and each of their respective Board of Directors, officers, employees, agents, representatives, volunteers, and/or associates, and their heirs, executors and administrators, successors and assigns, and any and all other persons and entities for whom they could be legally responsible (collectively, “Releasees”) from any and all past, present, or future claims, demands, liabilities, causes of action, debts, and damages (collectively, “Claims”) whether based on contract, promissory estoppel, statute, intentional or unintentional tort, personal injury, fraud, or any other theory of recovery, and whether for compensatory damages, specific performance, exemplary damages, attorneys’ fees, court costs, expenses, interest, or compensation of any nature whatsoever, known or unknown, fixed or contingent, liquidated or unliquidated, accrued or unaccrued, now existing or that might arise hereafter, related to or arising out of COVID-19, including, but not limited to, any and all Claims related to or arising out of any COVID-19-related illness, injury, disability, or death experienced by myself, or any other member of our family or household, regardless of whether such claims are caused, in whole or in part, by the sole, contributory, or concurrent negligence, strict liability, premises liability, or other tortious or wrongful conduct of Releasees. **I hereby ASSUME ALL THE RISKS of COVID-19, including any COVID-19-related illness, injury, disability, or death experienced by myself, or any other member of our family or household, regardless of whether such risk is caused, in whole or in part, by the sole, contributory, or concurrent negligence, strict liability, premises liability, or other tortious or wrongful conduct of Releasees.**

By signing below, **I hereby certify that I have read and fully understand all of the terms of this Agreement and that I am voluntarily giving up substantial legal rights, including the right to sue the Releasees as described above.** I am voluntarily, knowingly, and unconditionally signing this Agreement and hereby agree to all of the terms and conditions of this Agreement.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Please print full name clearly