

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 had a fever of 100.4°F or greater within the last 72 hours OR have you used any medications for the purpose of reducing fever in the last 72 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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
3. During the previous 14 days, have been advised to self-isolate or quarantine by a doctor or health authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. During the previous 14 days, have you been in contact with a person who has exhibited any of COVID-19? 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
5. During the previous 14 days, have you been in contact with a person who has tested positive for COVID-19 in the previous 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5A. If the girl or adult is exposed and is fully vaccinated, the individual may participate if he or she receives a negative COVID-19 PCR test three days or longer after exposure. The individual is required to wear a mask while participating in Girl Scout activity for 14 days after exposure. If this applies to you or your participating child, has the participant had a negative COVID-19 PCR test in the accepted timeframe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5B. If you tested positive for COVID-19 more than 10 and less than 90 days ago, and have subsequently recovered and remain without COVID-19 symptoms, you may participate. Does this apply to you?	<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 with the following exception: If the participant answers yes to question 5 and yes to either 5A or 5B, he or she is allowed to participate in a Girl Scout Activity, wearing a mask for indoor activities.

*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 of 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 while the GSSJC has implemented preventative measures to reduce the spread of COVID-19, 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 will comply with and 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 am required to follow all GSSJC guidelines, including all COVID-19 instructions, that have been provided to me, whether in an agreement at the activity or on GSSJC’s COVID-19 webpages. I further understand that any violation of these guidelines or staff directions may result in me being asked to immediately cease participation in the activity with no refund.

I agree that I will not participate in any in-person GSSJC meetings or activities or come on GSSJC premises if I am experiencing symptoms of COVID-19 (such as 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 14 days with a person who has been confirmed or suspected of having COVID-19. In the event that I receive a positive antigen test result for COVID-19 in the next 14 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 14 days after a positive antigen test date, even if we are asymptomatic.

In consideration of being permitted to participate in GSSJC activities, I, on behalf of myself, 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 owners, officers, directors, employees, agents, contractors, representatives, and volunteers (collectively, “Releasees”) from any and all claims, demands, liabilities, causes of action, and damages (collectively, “Claims”) 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.** Notwithstanding the risks associated with COVID-19, **I hereby accept and assume all risks 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 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 Assumption of Risk and Release of Liability – Coronavirus/COVID-19 (the “Release”) 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 Release and hereby agree to all of the terms and conditions of this Release.

Name _____ Signature _____ Date _____
Please print full name clearly