



# CALVERT NATURE SOCIETY

P.O. Box 122 • Port Republic, MD 20676 • 410.535.5327 • www.calvertparks.org

## Program Consent

I am aware that while participating in a program or activity arranged by the Calvert Nature Society (hereinafter known as "Society"), certain risks and dangers may be present, including but not limited to those generally associated with certain activities, accidents, illness, and forces of nature. I agree to indemnify and defend the Calvert Nature Society and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and the Society's costs of defense in connection with the loss of life, personal or bodily injury and/or damage to or loss of property that arises from the participation in a Society sponsored program except to the extent that such loss or damage is occasioned by the negligent act or omission of the Society, its officers, agents or employees and no negligence on the part of the Participant. The Society has my consent to secure treatment at the closest hospital in the event of a medical emergency.

## Coronavirus / COVID-19 Warning & Disclaimer:

The Society has developed policies and procedures for public program operations based on state and CDC guidelines. However, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in camp programs or accessing Society facilities could increase the risk of contracting COVID-19. The Society in no way warrants that COVID-19 infection will not occur through participation in Society programs or accessing park facilities.

Please consider the safety, health, and well-being of all participants in our programs and stay home if the participant is ill. Full refunds will be given for cancellations due to health concerns.

I agree to follow the following procedures established by the Society, including: (1) I understand that program may need to close on short notice due to government order, child or staff illness, or other emergency and (2) I can return to the program within one hour of being notified by phone if the child must be picked up.

Please select "yes" or "no" for each statement. If you answer "yes" to any of the questions, individuals may not participate in the program and will receive a full refund of any program fees paid.

- YES NO The participant has a temperature of 100.4° or higher.
- YES NO The participant has taken any fever reducing medications such acetaminophen or ibuprofen in the past 24 hours.
- YES NO You or anyone in your household has potential symptoms of COVID-19, such as fever, shortness of breath or persistent dry cough, in the 72 hours prior to the start of program.
- YES NO You or anyone in your immediate household awaiting the results of a COVID-19 test.
- YES NO You or anyone in your immediate household is diagnosed with COVID-19.

Date: _____			
Participant Name _____		Date of Birth _____	
Street Address _____		City _____	State _____ Zip _____
Daytime Phone _____		Evening Phone _____	
Emergency Contact _____			
Relationship to Participant _____		Daytime Phone _____	Evening Phone _____
Signature of Parent/Legal Guardian _____			