



VERIFICATION OF NEGATIVE COVID-19 TEST and COVID-19 RISK WAIVER
STATEMENT-Summer 2022

(Form Must be Turned in During Check in Day)

NAME OF CAMPER: _____

NAME OF PARENT OR GUARDIAN COMPLETING FORM: _____

CAMP ATTENDING: _____

START DATE OF CAMP: _____

DATE COVID-19 WAS TAKEN/NEGATIVE RESULTS CONFIRMED: _____

OPTION 1: As the parent or guardian of camper stated above, I attest that the stated camper was administered an At-Home COVID-19 Antigen Diagnostic Test and the results were negative. The test was given, and results were confirmed on the date listed above. I furthermore, confirm that this date is within 48 hours of the start date of camp for said camper.

OPTION 2: As the parent or guardian of camper stated above, I have chosen to submit a test administered by a medical professional and I am providing proof of the camper stated above received a negative test within 48 hours of arriving at camp. Furthermore, I attest that this date is within 48 hours of the start date of camp for said camper.

I understand that by signing this form I attest that the information provided is accurate and truthful.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

Coronavirus / COVID-19 Assumption of Risk

Pine Springs Camp has taken enhanced measures for the health and safety of our campers. Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in PINE SPRINGS CAMP INC programs or accessing PINE SPRINGS CAMP INC facilities could increase the risk of contracting COVID-19. PINE SPRINGS CAMP INC** in no way warrants that COVID-19 infection will not occur through participation in **PINE SPRINGS CAMP INC** programs or accessing **PINE SPRINGS CAMP INC** facilities. By sending your child to Pine Springs Camp, or if you as an adult of 18 years or older as a camp participant, you voluntarily assume all risks related to exposure to COVID-19.

By signing below, you acknowledge that you have read our guidelines and the assumption of risk statement and to the best of your knowledge you have met, agree to and will abide by all the requirements before dropping your child off at camp or participating in camp yourself.

Signature of Parent or Guardian

Date