

Rainbow Camp of Mass, Inc.
COVID-19 Acknowledgement of Risk and Consent to Testing Form

Camp Attendee Name: _____ **Dates of Attendance:** _____

Address: _____ **Phone:** _____

Rainbow Camp of Mass, Inc. is committed to providing a safe environment for all campers, staff, and volunteers and closely monitors all state and federal guidance connected to COVID-19.

Campers, staff, and volunteers must **self-screen** at home, prior to arrival to camp. If you are experiencing any COVID-19 related symptoms, have tested positive, or have been in close contact with an individual who has tested positive for COVID-19 within 14 days of your scheduled arrival to camp, you may not attend camp and should consult your medical provider.

While Rainbow Camp's highest priority is the health and safety of our campers, staff, and volunteers, we cannot guarantee that you will not be exposed to COVID-19. COVID-19 is a highly contagious disease, and Rainbow Camp wants to ensure you are aware of this risk by attending camp.

In the event of a potential exposure to COVID-19, or you are exhibiting symptoms consistent with COVID-19, you will need to be tested for COVID-19. This testing will be arranged by Rainbow Camp of Mass, Inc. at the nearest available testing facility. Although Rainbow Camp will make every effort to find a free testing facility, in the event that there is a charge for testing, the camp attendee will be responsible for the testing fee.

All test results will be communicated to the camp attendee, the Camp Director, and the camp attendee's parent/guardian. In the event of a positive test result or if the symptoms are determined to be consistent with COVID-19, the camp attendee will need to be discharged from camp immediately.

By signing below, I hereby acknowledge that I am aware of and agree to accept the increased risk of COVID-19 exposure and infection risks associated with attending camp. Rainbow Camp of Mass, Inc. and its affiliates will be absolved of all liability in the event of a COVID-19 exposure or infection. I also consent for Rainbow Camp of Mass, Inc. to arrange for COVID-19 testing in the event it is necessary as outlined above, and agree to pay any applicable testing fee.

Signature of Camp Attendee

Date

Signature of Parent/Guardian

Date

(if camp attendee is under 18 years of age)

* Self-screening shall include checking temperature, and checking for symptoms including:

- Fever (temperature of 100.0°F or above), felt feverish, or had chills
- Cough
- Sore throat
- Difficulty breathing
- Abdominal pain
- Unexplained Rash
- Fatigue
- Headache
- New loss of smell/taste
- New muscle aches
- Nausea or vomiting
- Diarrhea