

Assumption of the Risk and Waiver of Liability Relating to Camp and the Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Mississippi Valley Christian Service Camp - MVCSC-WIMVCSC has put in place preventative measures to reduce the spread of COVID-19; however, MVCSC cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending camp could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Mississippi Valley Christian Service Camp - MVCSC-WIMVCSC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Mississippi Valley Christian Service Camp - MVCSC-WIMVCSC employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the camp or participation in camp programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Camp its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Camp, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Camp program.

In consideration of the services of WCIMVCSC, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "MVCSC"), I hereby agree to release, indemnify, and discharge MVCSC, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows: 1. I acknowledge that my participation in outdoor activities such as camping, swimming, boating, challenge course events, group initiatives, and traveling to and from an activity entails known and unanticipated risks which could result in sickness, exposure to infectious/communicable disease, bodily injury, paralysis, death, emotional injury, personal injury, property damage, damage to myself or third parties, and financial damage. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, MVCSC staff and faculty have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction. 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless MVCSC from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity, my use of MVCSC's equipment, or my use of MVCSC's facilities or property, including any such Claims which allege negligent acts or omissions of MVCSC. 4. Should MVCSC or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume -- and bear the costs of -- all risks that may be created, directly or indirectly, by any such condition. 6. In the event that I file a lawsuit against MVCSC, I agree to do so solely in the state of Illinois, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. 7. No By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against MVCSC on the basis of any claim from which I have released them herein. I understand itineraries are subject to daily change due to circumstances. Activities may be postponed or canceled at the last minute. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____ Print Name: _____

Address: _____

Phone: _____ Date: _____

(Must be completed for participants under the age of 18) In consideration of _____ (print minor's name) ("Minor") being permitted by DM to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless DM from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____

Please Complete this Form, and Mail to the Address Listed Below

Name of Camp Week Attending _____ Date of Camp _____

MVCSC, 24201 State Route 100, Pittsfield, IL 62363

Audio/Visual Release

I give MVCSC permission to record and use still photographs or audio/video recording of myself/son/daughter. I agree and understand that such material may be used in an informational and educational manner for the purpose of promoting MVCSC. I understand that any images of myself/son/daughter will be presented in a manner such that there will be no infringement of my/his/her privacy and that the utmost respect will be shown in the use and presentation of such material.

Parent's Signature: _____

For Office Use Only

Amount Paid _____

Credit Card _____

Date Received _____

Church to Pay _____

If church is to pay, camper/parent must attach signed voucher, letter or check from the church to this form.

What to Bring:

Clothing: Modest clothing for classes, recreation, swimming, evening, rain gear, sweater/jacket. While choosing your clothing for camp, please remember that modesty is the key. Please, no bikini, short shorts, halter tops, etc.

Bedding: single sheet, pillow with case, blanket and/or sleeping bag

Personal Items: BIBLE, towels, washcloth, soap, shampoo, toothpaste, toothbrush, comb, hairdryer, sunscreen, notebook, pen/pencil. **CANTEEN or WATERBOTTLE**

Money: Offerings will be taken in older age group camps.

Medication – will be dispensed by the camp nurse so bring yours to registration.

Personal Electronics: including phones may be confiscated. Please don't bring them.

Please ensure all valuable and personal items are marked with the camper's name.

Not responsible for lost, stolen or damaged items

MVCSC

Mail: 24201 State Route 100

Pittsfield, IL 62363

Phone: (217)723-4337

Email: mvcsc@irtc.net

Web: mvcsc.net

Facebook.com/MVCSC.Camp/

Financial Support

The camp is supported by the camp fees and the offerings of churches and individuals. If you would like to donate, please see one of the camp staff or mail your tax-deductible gift to the camp.

Camper's name _____

Age/Birthdate _____

Street _____

City/State _____ Zip _____

Parent Name/phone _____

Parent Name/phone _____

E:mail _____

Home church _____

Minister name/phone _____

Has the camper been baptized? _____

When/Where? _____

Grade entering in Fall _____

Who will pick up Camper? _____

Health record: What restrictions, if any should be observed in ACTIVE camp life?

Adverse reactions to medications

Doctor's name/phone _____

Special Instructions _____

The campers will be supervised and if serious illness or injury develops, medical and/or hospital care will be provided. I further understand that in case of serious injury or illness, I will be notified. If it is impossible to contact me, I give permission for emergency treatment or surgery as recommended by the attending physician. I have read and understand the above information. (Attach additional restrictions and allergies sheet if needed)

Signature of parent/guardian: _____

_____ Date _____

