

## Wolf Camp 2022 - Health Screening Form

*All information is confidential. Please use reverse if additional space is needed.*

**Participant Name:**

**Date:**

Person Completing This Form and relationship to participant:

**Has participant experienced any of the following signs/symptoms of Covid-19 in the past 15 days:**

**Fever or chills?** If so, when did the symptoms end?

**New loss of taste or smell?** If so, when did the symptoms end?

**Sore throat?** If so, when did symptoms end, and if due to allergy or something other than a virus, please explain.

**Cough, shortness of breath, or difficulty breathing?** If so, when did symptoms end, and if due to asthma or something other than a virus, please explain.

**Congestion or runny noses?** If so, when did symptoms end, and if due to allergy or something other than a virus, please explain.

**Nausea, vomiting, or diarrhea?** If so, when did symptoms end, and if due to food or something other than a virus, please explain.

**Unattributed fatigue, muscle or body aches, or headache?** If so, please describe, and note if/when symptoms ended.

**Has the participant been exposed to anyone with Covid-19, influenza or other respiratory infection in the past 5 days? In the past 10 days?** Please explain the circumstance if yes.

**Is anyone in your household in a “high risk” population that could suffer from severe illness from COVID-19, or planning to visit someone in the next 15 days who is “high risk”?** Those at high risk include: people 65 and older, people who live in a nursing home or long-term care facility, people with chronic lung disease or moderate to severe asthma, people with serious heart conditions, individuals who are immunocompromised, severely obese, diabetic, liver or chronic kidney disease undergoing dialysis (per CDC). If so, please explain your concern for your “high-risk” contacts:

**Please list approximate dates of COVID-19 vaccinations for participant.** If participant is not vaccinated, then please provide approximate COVID-19 vaccination dates for parents or other adult members of the household:

## COVID-19 Policy Agreements & Assumption of Risk for Participating in Wolf Camp

Families must commit to their children's ability to comply with all social distancing and health protocols as established by Wolf Camp before sending them. We reserve the right to suspend a camper or cancel a camp group if social distancing or proper hygiene (including mask wearing, handwashing, coughing, nose blowing, etc.) is not possible.

- While we will follow all government requirements to the best of our ability, we are not able to guarantee the health of your child or family.
- Families are required to prescreen their health status and be conscious of the safety of their family, social, and public activities in the 15 days leading up to camp and during camp itself.
- Campers may not attend camp if they, anyone in their household, or anyone with whom they have been in contact exhibits any symptoms of COVID-19 or tests positive within 5 days of camp, and must wear approved, properly-fitted masks at all times if anyone with whom they have been in indoor contact exhibits any symptoms of COVID-19 or tests positive within 10 days of camp.
- We may be inquiring into the health of campers, family, and those with whom the household has been in contact, such as current or recent symptoms such as fever, cough, trouble breathing, sore throat, fatigue, headache, muscle aches, GI problems, loss of sense of smell/taste.
- Due to the variability in normal temperatures and unreliability of laser temperature readers, we will rely on parents to assess temperatures, and help parents visually check for flushed cheeks, rapid breathing, extreme fatigue.

*NOTE: If your camper has an ongoing underlying condition that exhibits any of these symptoms, you must confirm this with your doctor, include on your medical form, and inform staff before camp begins.*

**PLEASE READ CAREFULLY before signing and returning this form to us. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING Kim & Chris Chisholm, Wolf Camp & School of Natural Science, and all employees, donors, referrers, rental property owners, and other associated parties FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREOF.**

I, in my legal capacity as parent/guardian of the minor named on this form ("Minor"), acknowledge and agree that any use of Wolf Camp and rented facilities, services, equipment and premises ("Facilities") and any participation in Wolf Camp programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs. Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

\_\_\_\_\_  
Parent/Guardian **Signature** (or full first-middle-last name if unable to digitally sign)

\_\_\_\_\_  
Date