



## **CAMP AND ENRICHMENT PROGRAM ACKNOWLEDGEMENT OF RISK FORM**

I, \_\_\_\_\_, am the parent and/or legal guardian of \_\_\_\_\_, a minor child under the age of 18 years. I would like to have my child participate in a George Mason University (UNIVERSITY) camp and enrichment program (CAMP/PROGRAM): which will take place on date(s):

In consideration for my child being allowed to participate in this CAMP/PROGRAM, I the undersigned, acknowledge, appreciate and agree that:

1. I acknowledge that by allowing my child to participate in this CAMP/PROGRAM my child may be in proximity to other individuals and come into contact with surfaces that have been touched by other individuals, which may result in my child contracting COVID-19. By signing my child up to participate in this CAMP/PROGRAM, I assume this risk on my behalf and my child's behalf. Additionally, I understand that my child must follow all guidelines, instructions, and signage regarding limiting the spread of COVID-19 (e.g., physical distancing, limiting occupancy, face coverings) and understand that if my child fails to do so, my child may be dismissed from the camp and I will not receive a refund. I also agree to keep my child home if they are symptomatic of or known to have been or believed to have been exposed to COVID-19.
2. This CAMP/PROGRAM affords my child the opportunity to participate in the specific activities included in the CAMP/PROGRAM. I understand there are inherent risks and dangers involved in all camps, including, but not limited to, food/drink allergies, the risk of serious physical injury, temporary or permanent disability, and death, as well as property loss and I choose to voluntarily allow my child to participate in this CAMP/PROGRAM. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation whether known or unknown.
3. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in this CAMP/PROGRAM. I agree to pay for any medical costs that exceed the limits of my insurance coverage.
4. I understand that this CAMP/PROGRAM is classroom-based and I know of no medical reason why my child should not participate.
5. I agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in the CAMP/PROGRAM.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
Signature of Parent/or Legal Guardian

\_\_\_\_\_  
Date