

Waiver to allow Retreat Participant to attend Camp Assurance with the Covid-19 Pandemic Considerations:

Please Circle the Camp Program you have registered for:

Ladies Retreat 1
9/11/-9/12

Ladies' Retreat 2
9/23-9/24

Ladies' Retreat 3
9/24-9/25

Name: _____

I acknowledge that the risk of infectious and communicable disease is inherent in group activities and that the risk cannot be completely eliminated without destroying the unique character and benefit of those activities. Camp Assurance has taken reasonable steps to provide a safe and sanitary environment for all its activities, including training its staff in cleaning protocols and screening incoming campers for symptoms of infection or sickness. Campers who: present with a forehead temperature, measured by contactless thermometer, of 100.4 or higher; present with symptoms of respiratory infection such as coughing or shortness of breath; or have indicated the presence of any of these symptoms within 48 hours prior to the start of a camp week; will be asked to refrain from participating in activities at Camp Assurance until the symptoms have subsided. I acknowledge that it is my responsibility to check my temperature and for the presence of any symptoms of infectious disease before coming to Camp Assurance; and my signature indicates to the best of my knowledge, that I do not have any of the above-listed symptoms of communicable or infectious disease.

I further acknowledge my understanding that Camp Assurance is providing overnight summer camp although advisory guidelines from the Illinois Department of Commerce and Employment Opportunity would discourage overnight camping in Phase 4 of Restore Illinois. Camp Assurance provides a chance to come apart from the world in a Christ-filled environment with multiple times of Biblical instruction and Christian discipleship through continuous interaction with godly counselors and staff as only an uninterrupted multiple days and nights camping experience can provide. I believe that Spiritual impact opportunity is essential and hold Camp Assurance harmless for providing this overnight camping opportunity.

Signature (Parent/Guardian if minor): _____ Date Signed: _____

[Campers may only attend if this waiver is signed.]

(PLEASE COMPLETE OTHER SIDE)

**Camp Assurance Ladies' Retreat Check-In
Covid-19 Screening Questionnaire Form**

Please answer the following questions and sign and date as directed. Please bring this completed form to Camp Assurance to give to the camp nurse. Be prepared for the Camp Nurse to ask you the same questions for assessment when you arrive.

Name: _____ Camp Program: _____

Please take your temperature 3 days before the retreat begins and list it here:

Temp: _____ Date: _____

Please also take your temperature in the morning before you leave for camp and list it here:

Temp: _____ Date: _____

Please circle "YES" or "NO"

- | | At home: | With nurse: |
|--|-----------|-------------|
| 1. Do you feel ill today?..... | YES or NO | YES or NO |
| 2. Do you have any difficulty breathing?..... | YES or NO | YES or NO |
| 3. Do you have a sore throat?..... | YES or NO | YES or NO |
| 4. Have you had a temperature in the last 2 to 14 days above 100.4 F degrees?..... | YES or NO | YES or NO |
| 5. Have you been exposed to someone who has been sick or tested positive for Covid-19 in the last 2 to 14 days?..... | YES or NO | YES or NO |
| 6. Have you experienced a loss of smell or taste?..... | YES or NO | YES or NO |
| 7. Do you have or recently have had a headache?..... | YES or NO | YES or NO |

By answering "yes" to any of the questions above, you may be asked to leave the premises and self-quarantine for a period of 14 days. If your temperature is 100.4 degrees or is found to be that or above twice within 15 minutes, you will have to return home.

Signature (Parent/Guardian if minor): _____ Date: _____

Below is to be completed by the Camp Assurance Nurse during the Camper's Assessment at Camp:

Camper's Recorded Temperature taken by Camp Nurse upon arrival: _____ Date: _____

Nurse's Signature: _____

(PLEASE COMPLETE OTHER SIDE)