**Waiver**
Camp Awesome at North Heights Church of Christ

Camp Awesome is intended to be a fun and safe series of activities to enrich the participants socially, emotionally, and spiritually. However, as with any activity, there are inherent risks. Such risks may include, but are not limited to, physical injury, pain, or illness.

Furthermore, activities will take place indoors and outdoors, often in very close proximity with others who may or may not be wearing personal protective equipment (i.e. facial masks, gloves, etc). This has the potential to greatly increase the risk of receiving and/or transmitting COVID-19.

**I AM VOLUNTARILY PARTICIPATING IN CAMP AWESOME AND ITS ACTIVITIES ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS INVOLVED INCLUDING THE RISK OF RECEIVING COVID-19. I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.**

I further agree to indemnify and hold harmless North Heights Church of Christ and its representatives, as well as the adult leaders who are facilitating Camp Awesome against any and all claims, suits, or actions of any kind whatsoever.

**Medical**

In the event that I should require medical care or treatment, I authorize the Adult Leaders of Camp Awesome to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of treatment.

I will respect my own limits and not participate in any activity that is beyond my physical or mental limits. I understand that it is my responsibility to make known to the Adult Leaders of Camp Awesome if there is a change in my health, whether that be pain or illness.

I do not currently have a fever or persistent cough and will immediately remove myself from all activities and stay home if any symptoms of COVID-19 arise.

**I HAVE READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND AND AGREE WITH THE ABOVE MENTIONED.**

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Participant Name Printed Participant Signature Date

**If Participant is under 18\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of whom I am a parent or guardian, to participate fully in Camp Awesome and its activities. I have read this form in its entirety and fully understand and agree with the above mentioned.

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Parent Signature Date