

McCALLIE SUMMER CAMPS

Thank you for your partnership as we strive to provide a safe, healthy and fun camp environment under difficult circumstances. This form should be completed before your child’s arrival at McCallie.

Camper Name: _____ **Date of Birth:** _____

Camp: _____ **Session Dates:** _____

(SPORTS CAMP, DAY CAMP, FIRST CAMP, CLC, FOOTBALL, BASKETBALL, BASEBALL, SOCCER, LACROSSE, SPEED, McADVENTURE, CROSS COUNTRY, MINECRAFT/CODING, GOLF, TENNIS)

Prior to your arrival at McCallie, we ask that you endeavor to self-quarantine for 7 days as much as possible by limiting exposure to non-family members, wearing a face mask around non-family members, avoiding large crowds/gatherings, and limiting unnecessary travel. Thank you for your cooperation.

DAILY TEMPERATURE CHECK: As part of your partnership with us, for seven days prior to your child’s arrival at McCallie, you should record your camper’s temperature. Please fill in the grid, and we recommend you check and record your child’s temperature at the same time each day.

DAY ONE	DAY TWO	DAY THREE	DAY FOUR	DAY FIVE	DAY SIX	DAY SEVEN
TEMP	TEMP	TEMP	TEMP	TEMP	TEMP	TEMP

My child has been fever free for the past seven days. **Initial Here** _____

CHILDREN WHO ARE ILL OR HAVE A SERIOUS HEALTH CONCERN OR CONTACT HISTORY SHOULD NOT ATTEND CAMP

PRE-EXISTING ILLNESS -Individuals with preexisting conditions such as cardiovascular disease, respiratory disease, children with asthma, diabetes, or immunocompromised are at an increased risk of severe illness if COVID-19 is contracted. **CONTACT HISTORY SHOULD NOT ATTEND CAMP** -The individual has been diagnosed with COVID-19 or has a close contact that has been in contact with someone exposed to or infected with COVID-19 in the last 14 days. The individual has a household member currently on a watch list for COVID-19 exposure.

WE CONSENT TO THE ABOVE DISCLOSURE AS A CONDITION FOR ALLOWING MY CHILD TO PARTICIPATE IN McCALLIE SUMMER CAMPS. WE HAVE CONSULTED WITH OUR CHILD’S PEDIATRICIAN AND THE PHYSICIANS OF FAMILY MEMBERS REGARDING UNDERLYING HEALTH CONDITIONS THAT COULD CREATE INCREASED RISKS IF OUR CHILD OR OTHER FAMILY MEMBERS IS/ARE INFECTED WITH SARS-COV-2 OR CONTRACTS/CONTRACT COVID-19. WE CERTIFY THAT WE HAVE DISCLOSED ALL SUCH HEALTH CONDITIONS TO McCALLIE, INCLUDING THROUGH ANY HEALTH FORMS. WE ASSUME ANY AND ALL RISKS ASSOCIATED WITH SUCH HEALTH CONDITIONS. WE UNDERSTAND THAT, DESPITE OUR AND McCALLIE’S EFFORTS TO MITIGATE THE CORONAVIRUS RISK, OUR CHILD (AND THROUGH HIM OTHER FAMILY MEMBERS) COULD BE EXPOSED TO SARS-COV-2 AND CONTRACT COVID-19 AS A RESULT OF PARTICIPATING IN McCALLIE SUMMER CAMPS. WE ARE WILLING TO ACCEPT THIS RISK, AND AS A CONDITION OF OUR CHILD’S PARTICIPATION IN McCALLIE SUMMER CAMPS, WE COLLECTIVELY AND INDIVIDUALLY AGREE TO WAIVE AND RELEASE MCCALLIE SCHOOL, ITS TRUSTEES, OFFICERS, AGENTS, INSURERS, EMPLOYEES, AND ANY THIRD-PARTY McCALLIE USES OR CONTRACTS WITH TO CONDUCT McCALLIE SUMMER CAMPS (COLLECTIVELY, “THE McCALLIE PARTIES”) FROM ALL LIABILITY, CLAIMS, COSTS, OR DAMAGES THAT WE OR OUR CHILD MAY HAVE AGAINST THE McCALLIE PARTIES BECAUSE OF ANY DEATH, BODILY INJURY, PERSONAL INJURY, OR ILLNESS, INCLUDING COVID-19, THAT MAY ARISE OUT OF OR IN ANY WAY BE CONNECTED WITH OUR CHILD’S PARTICIPATION IN McCALLIE SUMMER CAMPS AND THE CORONAVIRUS RISK. FURTHER, WE AGREE TO INDEMNIFY THE McCALLIE PARTIES IN THE EVENT OUR CHILD BRINGS ANY CLAIM OR LEGAL PROCEEDING AT ANY TIME AGAINST THE McCALLIE PARTIES ARISING OUT OF OR RELATED TO HIS PARTICIPATION IN McCALLIE SUMMER CAMPS.

PARENT SIGNATURE

DATE

PARENT SIGNATURE

DATE