



## **Camp Georgia and Camp Fire Camp Toccoa**

### **COVID 19 Policies and Agreement**

Thank you for reading this agreement carefully. It includes important information about Camp Fire Georgia and describes certain protection sought by Camp Fire Georgia if you, your child, or another family member becomes ill or suffers some other loss due to infection of COVID-19 that may have been caused from taking part in Camp Fire Georgia events or from being exposed by someone else who was who involved.

- Each individual should observe social distancing practices with others while on property.
- Cabins will be cleaned 24 hours after the departure of guests with CDC approved cleaning products; this includes every flat surface, bed and high touch areas in each cabin.
- Bathrooms will be cleaned each evening and 24 hours after the departure of guests with CDC approved cleaning products. This includes every flat surface, sink, faucets, showers, toilets and all other high touch areas.
- Outside common areas, such as picnic tables will be cleaned each evening and 24 hours after the departure of guest with CDC approved cleaning products
- Masks are required when a minimum of 6 feet, social distancing, from staff and other individuals is unable to be maintained.
- Camp staff will wear masks when interacting with guests.
- Should the need arise for staff to enter a cabin for facility or maintenance reasons, we ask that all members of group exit the cabin, allow the Camp Fire Georgia staff to enter and address the issue. We will inform guests once the issue has been resolved and you may reenter the cabin.
- If you are not feeling well or have been sick, we ask that you please do not come to Camp Fire Camp Toccoa or any Camp Fire Georgia event. If you have knowingly been in contact with anyone who is confirmed or suspected of having Covid-19 in the past 14 days please do not visit Camp Fire Camp Toccoa or attend any Camp Fire Georgia event.
- Everyone is asked to wash their hands frequently with soap and water for at least 20 seconds. Hand sanitizer will also be available.
- Paper work is due to Camp Fire Camp Toccoa / Camp Fire Georgia upon your arrival or in advance via email to [info@campfirega.org](mailto:info@campfirega.org) You will see a spot on the office porch to return any paperwork, please do so upon check in. If you return paperwork to the office porch, a staff member will retrieve and secure it in our offices as soon as possible.

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In consideration of the services of Camp Fire Georgia, I, Parent, or for myself acknowledge and agree as follows:

**AGREEMENTS OF RELEASE AND INDEMNITY: I, PARENT, FOR MYSELF AND, TO THE EXTENT ALLOWED BY LAW, ON BEHALF OF MY CHILD, AGREE TO RELEASE AND DISCHARGE (AGREEING TO MAKE NO CLAIM, AND NOT TO SUE) CAMP FIRE GEORGIA, AND THEIR RESPECTIVE STAFF, DIRECTORS, OFFICERS, EMPLOYEES, CONTRACTORS AND VOLUNTEERS (INDIVIDUALLY AND COLLECTIVELY REFERRED TO AS "RELEASED PARTIES") WITH RESPECT TO ANY AND ALL CLAIMS RELATED TO CONTRACTING THE CORONAVIRUS AND ANY LOSS, BODILY INJURY, OR DAMAGES ASSOCIATED FROM IT WHICH I OR MY CHILD MAY SUFFER, ARISING OUT OF OR IN ANY WAY RELATED BEING ENROLLED IN CAMP FIRE GEORGIA PROGRAMS, AND ON OR OFF THE CAMP FIRE GEORGIA/ CAMP FIRE AFTERSCHOOL PREMISES. I FURTHER AGREE TO INDEMNIFY (THAT IS DEFEND AND PAY, INCLUDING COSTS AND ATTORNEYS FEES) THE RELEASED PARTIES FROM CLAIMS BROUGHT BY OTHER MEMBERS OF MY, OR MY CHILD'S FAMILY, AND CLAIMS BROUGHT BY OTHERS, INCLUDING OTHER MEMBER, WHO CLAIM A LOSS CAUSED BY MY CHILD. THESE AGREEMENTS OF RELEASE AND INDEMNITY INCLUDE CLAIMS CAUSED OR CLAIMED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, BUT NOT THE GROSS NEGLIGENCE, OF A RELEASED PARTY. I UNDERSTAND THAT IN SIGNING THIS AGREEMENT I, FOR MYSELF AND FOR MY CHILD, TO THE MAXIMUM EXTENT ALLOWED BY LAW, SURRENDER THE RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST A RELEASED PARTY, FOR PERSONAL INJURY AND EVEN DEATH.**

This Agreement and Waiver of Liability does not supersede, circumvent, or cancel Camp Fire Georgia's Main Participation Agreement, but instead works together in conjunction with it.

I, for myself or parent/legal guardian, have read and accept the terms and conditions of this Agreement, and acknowledge and agree that it shall, to the fullest extent allowed by law, be effective upon me and my child, and our respective heirs, personal representatives, estates and family members.

Participants Name: \_\_\_\_\_

Parent / Guardian Name (If Minor): \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

## Camp Fire Georgia General Waiver

Participant Information and Release Form Camp Fire Georgia Participant Information and Release Form MUST be signed with NO additions, deletions or changes, for the participant to take part in any Camp Fire Georgia. We want to make sure you understand the potential risks involved with our programs and have carefully thought through whether you want to participate.

### PLEASE PRINT

Participant's Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

Do you have any health problems or disability that may affect your ability to participate in Camp Fire Georgia? If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the following information in case of an emergency:

Person to notify: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Release Form: Camp Fire Georgia Program that you have signed up for may involve physically and emotionally demanding activities in an outdoor setting. It includes hiking and other rigorous activities. You will be working with Camp Fire Georgia staff and with others in your group. It is possible that you may be injured while participating in the program either because of your own conduct, conduct of others in the group, conduct of Camp Fire Georgia, Camp Fire Camp Toccoa or the condition of the premises. We want to make sure that you understand the potential risk of injury before you decide to participate in the program. It is required that you read the following very carefully, make sure you understand it and sign it before you begin participation in the program.

I CERTIFY THAT, IN ADVANCE OF PARTICIPATION IN THE ACTIVITY OR PROGRAM IDENTIFIED HEREIN, I HAVE RECEIVED ANY AND ALL INFORMATION WHICH I DEEM NECESSARY OR IMPORTANT IN MAKING AN INFORMED CHOICE REGARDING MY OWN OR MY CHILD/WARD'S PARTICIPATION IN SUCH ACTIVITY OR PROGRAM. IN CONSIDERATION FOR CAMP FIRE GEORGIA, ALLOWING MYSELF, MY CHILD OR WARD TO PARTICIPATE IN SUCH ACTIVITY, I HEREBY VOLUNTARILY AGREE TO ASSUME ALL RISKS OF MY OWN, MY CHILD'S OR MY WARD'S PARTICIPATION IN SUCH PROGRAM OR ACTIVITY, AND AGREE TO HOLD HARMLESS CAMP FIRE GEORGIA, ITS SUCCESSORS, AGENTS, EMPLOYEES, AND VOLUNTEERS FROM AND AGAINST ANY AND ALL LIABILITY, CLAIMS, DAMAGES OR EXPENSES WHICH I, MY CHILD OR WARD HAVE OR MAY HAVE ARISING OUT OF OR RELATED TO MY PARTICIPATION, OR THAT OF MY CHILD OR WARD, IN SUCH PROGRAM OR ACTIVITY, INCLUDING DEATH, PERSONAL INJURY OR PROPERTY DAMAGE OR LOSS OF ANY KIND, WHETHER CAUSED BY THE ACT OR OMISSION OF CAMP FIRE USA/ CAMP TOCCOA, MYSELF, MY CHILD OR WARD, OR OTHERS. FURTHER, I HEREBY GRANT FULL PERMISSION TO CAMP FIRE USA/ CAMP TOCCOA THAT ANY PHOTOGRAPH OR ANY OTHER RECORD OF MYSELF, MY CHILD OR WARD AT THIS EVENT OR PROGRAM MAY BE USED FOR LEGITIMATE PROMOTIONAL PURPOSES. I HEREBY GIVE PERMISSION FOR CAMP FIRE USA/ CAMP TOCCOA, TO ADMINISTER BASIC FIRST AID OR TO SEEK APPROPRIATE MEDICAL ASSISTANCE FOR THE PARTICIPANT LISTED ABOVE.

Minor Name: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_