

Galena Camp Release and Indemnity Agreement - COVID-19 Extension

Name of Minor/Participant _____

Date of Birth _____ Age _____ Sex _____

Parent/Guardian Name _____

Acknowledgement of Risk

I understand there are inherent risks of exposure to COVID-19 involved in outdoor adventure and recreational activities including travel to and from these activities. I understand that these risks are impossible to eliminate fully by even the most careful and prudent planning conducted by Galena Youth Adventure Camps. I voluntarily accept these risks to my child. I agree to RELEASE FROM LIABILITY and to INDEMNIFY AND HOLD HARMLESS Galena Lodge, Zepler World Industries, Blaine County Recreation District, USDA, and its agents and directors from any direct, indirect, special, incidental, or consequential or punitive damages, including any loss, damage, cost or injury, that arises from participation in any activity connected with the aforementioned activities and Galena Camp, whether based on a theory of contract, tort, strict liability or otherwise. I/We understand that I/We are waiving our right to take legal action including filing a lawsuit for personal injuries to our child(ren) and/or ourselves. The venue of any dispute that may arise out of this agreement or otherwise between the parties to which Galena Youth Adventure Camp or its agents as a party shall be Idaho State Court in Blaine County, Idaho.

It is my responsibility as a parent to notify Galena Lodge if my child has been tested positive for COVID-19, been exposed to an individual who tested positive for COVID-19, or has exhibited symptoms of COVID-19.

I understand that if my child exhibits any symptoms of COVID-19 at camp they will not be allowed to participate and if it occurs at Galena Lodge I am required to pick them up to minimize potential contamination to other campers. In this situation, I will receive a partial or full credit for camp next year.

I understand that my child is required to comply with all precautions taken by Galena Lodge related to minimizing the spread of COVID-19 including, but not limited to, wearing a mask, using hand sanitizer, and washing hands.

I HAVE CAREFULLY READ, FULLY UNDERSTAND AND AGREE TO ALL TERMS OF THIS RELEASE AND INDEMNITY AGREEMENT

Campers Name _____ Week(s) of camp _____

Contact Phone Number _____

Parent/Guardian Signature _____ Date _____

Backup Contact #1 (name and phone number) _____

Backup Contact #2 (name and phone number) _____