

**PN Management, Camp Claircrest, 4 Paws 4 Love, MWDF and/or its  
Owners' or Agents' Health Acknowledgement & Liability Waiver**

I, \_\_\_\_\_, am aware of the potential spread of COVID-19 that could result in severe illness and potential death. My presence at this event proves I voluntarily accept this risk and accept sole responsibility for any injury to myself or my children (including, but not limited to, illness, damage, loss, claim, liability, or expense of any kind) that may be experienced or incurred in connection with attendance at this event. I understand that the risk of becoming exposed to or infected by COVID-19 at this event may result from the actions, omissions, or negligence of myself and others, including, but not limited to PN Management, Camp Claircrest, 4 Paws 4 Love, MWDF and/or its Owners' or Agents', staff, employees, volunteers, participants, attendees and their families.

I hereby release, covenant not to sue, discharge, and hold Camp Claircrest, 4 Paws 4 Love, MWDF and/or its Owners' or Agents', officers, directors, employees, volunteers, attendees or other participants from any claim.

SOCIAL DISTANCING I will, to the best of my ability, practice proper social distancing as recommended by the State of Missouri and/or Cass County directives, as well as practice good hygiene (hand washing, use of hand sanitizer, wearing of a mask if and when required, etc.) and follow other health recommendations. I will not gather in groups closer than 6 feet and will practice social distancing at all times.

HEALTH REPORTING: I have not experienced new or worsening symptoms of possible COVID-19 in the last 14 days, including cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea, feeling feverish or a temperature greater than 100°. I have not had close contact with a person symptomatic or confirmed to have COVID-19 in the last 14 days. I have not been diagnosed with COVID-19 within the last 14 days. If I have been infected by COVID-19 at any time, I have been medically released to return to normal activities. If I develop a fever and symptoms, such as a cough or difficulty breathing, or if I am diagnosed with COVID-19 within 14 days of this event, I will report this information to the appropriate group or person. Should symptoms develop during the event, I will report symptoms to PN Management, Camp Claircrest, 4 Paws 4 Love, MWDF and/or its Owners' or Agents' and immediately leave the event.

Signed: \_\_\_\_\_

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

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

Parent/Guardian: \_\_\_\_\_

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

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

If under 18, a parent or guardian must sign.

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_