

COVID-19 Safety and Risk Acknowledgement

The Brain Injury Association of Virginia (BIAV) and all associated programs, including Camp Bruce McCoy day camps, will be adhering to all CDC guidelines and restrictions in place by the state of Virginia regarding the COVID-19 pandemic. All staff and program participants will be required to wear face coverings at all times and practice social distancing throughout the duration of the program to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, BIAV has put in place preventative measures to reduce the spread of COVID-19. However, BIAV cannot guarantee that its participants, volunteers, caregivers, or others in attendance will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in the Camp Bruce McCoy day camp program. By attending this event, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19;
2. Individuals who have traveled internationally at any point in the past fourteen (14) days; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

Participants, caregivers, and volunteers agree to self-monitor for signs and symptoms of COVID-19 and contact BIAV immediately if they experience symptoms of COVID-19 within 14 days after attending this event.

I am fully aware that participation in this program carries with it certain inherent risks related to COVID-19 transmission that cannot be eliminated regardless of the care taken to avoid such risks. Inherent risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying COVID-19; (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and (3) injuries and/or complications resulting directly or indirectly from COVID-19 or the treatment thereof. I hereby voluntarily accept and assume all risk of loss, personal injury, sickness, damage and expense arising from such inherent risks.

By signing below, I agree to comply with the written instructions above. My signature also indicates the assumption of risk as it relates to COVID-19. Failure to comply with the outlined precautions will result in my privileges being removed and I will be asked to leave the premises.

Name of Participant (please print): _____

Participant's Signature: _____ Date: _____

Parent or Legal Guardian's Signature (if applicable): _____
Date: _____