

Guest Name: _____ Group Name _____

Guest Health Screening

Dear Guest/Guardian,

In an effort to minimize illness and any exposure to viruses at Lake Placid Camp & Conference Center (LPC3), we ask that you complete this health form and give the completed form to your group leader **2 days prior** to your arrival at LPC3. (Failure to timely submit the completed form as required will result in the Guest not being allowed on LPC3 Property.)

Please indicate if you or your child have experienced any of the following symptoms prior to arrival at LPC3. If any temperature or symptoms are present, please be evaluated and obtain a written release from a licensed health care provider.

SYMPTOMS (SYMP)

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore Throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Please circle the answer to the following questions:

1. Have you or anyone in your household been around anyone with any of the listed symptoms 14 days prior to the start of your group event at LPC3? Yes / No
2. Have you or anyone in your household been sick in the 14 days prior to the start of your group event at LPC3? Yes / No
3. Have you or anyone in your household been tested for COVID-19? Yes / No
4. Have you or anyone in your household visited or received treatment in a hospital, nursing home, long-term facility, or other healthcare facility in the past 14 days? Yes / No
5. Have you or anyone in your household traveled within the US in the past 14 days? Yes / No
6. Have you or anyone in your household traveled outside the US in the last 14 days? Yes / No
7. Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19? Yes / No
8. Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19? Yes / No
9. To the best of your knowledge have you or anyone in your household been in close proximity to any individual who tested positive for COVID-19? Yes / No
10. I/all in my household have adhered to our local and state guidelines regarding any infectious disease. Yes / No

If "yes" to any of questions 1-9, please explain further: _____

Our signature indicates that we completed this health screening prior to arrival and to the best of our ability. We understand that arriving healthy is vital to a healthy experience for all.

Guest Signature _____ Date _____

Guardian Signature _____ Date _____

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration for receiving permission to BE ON PREMISES at LAKE PLACID CAMP & CONFERENCE CENTER (hereinafter the "Activity or Activities"), I, on behalf of myself and any minor child/children for whom I have the capacity to contract, hereby acknowledge and agree to the following:

1. I understand the hazards of the novel coronavirus ("COVID-19") and am familiar with the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates.
2. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to participate in Activities.
3. I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my being on the premises and participating in the Activities and hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE (on behalf of myself and any minor children for whom I have the capacity contract) Lake Placid Camp & Conference Center, their owners, officers, directors, agents, employees and assigns (the "RELEASEES") from any liability related to COVID-19 which might occur as a result of my being on the premises and participating in the Activities.
4. I shall indemnify, defend and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys' fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other illness or injury.
5. It is my express intent that this Waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. This Agreement and the provisions contained herein shall be construed, interpreted and controlled according to the laws of the State of Florida. I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES AND PARTICIPATE IN THE ACTIVITIES.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

SIGNATURE: _____

NAME: _____

NAMES OF MINOR CHILD(REN): _____