

Assumption of the Risk and Waiver of Liability Relating to Coronavirus / COVID-19

Tapawingo Staff

Dear Staff Member,

As we look forward to this summer and having you join us, we recognize that the world, along with Upstate New York, is still dealing with the impact and uncertainties of the global COVID-19 pandemic. You have undoubtedly taken this issue under serious consideration in deciding to work at Camp this summer. As we prepare for Camp during this unusual time, we are implementing extensive measures to make the Camp as safe as possible. However, there are still many variables that continue to change. Therefore, we have been advised to ask all staff members to sign this acknowledgement and waiver of liability as a condition of employment at camp. We appreciate your understanding and cooperation.

The novel coronavirus, COVID-19, is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and limiting large group gatherings.

Tapawingo has, so far as is reasonably practical, implemented procedures and preventative measures to reduce the spread of COVID-19 (based on CDC, state, and local health department guidelines); however, Tapawingo cannot guarantee that you will not become infected with COVID-19. Further, employment at Tapawingo could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 due to my employment at Tapawingo and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 at Tapawingo may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Tapawingo/Gospel Volunteers, Inc. employees, volunteers, members, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my employment at Tapawingo or participation in Tapawingo programming ("Claims").

I hereby release, covenant not to sue, discharge, and hold harmless Tapawingo/Gospel Volunteers Inc, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Tapawingo/Gospel Volunteers, Inc. its employees, volunteers, members, agents, and representatives, whether a COVID-19 infection occurs before, during, or after employment or participation in any Tapawingo program.

I give permission to Tapawingo to perform screening, diagnostic, and/or mitigation testing for COVID-19 on myself with a COVID-19 test either through nasal swabs or saliva specimens. The expense of these tests may or may not be covered by insurance and therefore I could be responsible for the costs associated with testing.

If I am considered a high-risk or vulnerable individual due to medical conditions, I understand that it is my responsibility to discuss with my primary care provider the COVID exposure risks and determine if it is safe to work at Camp. By signing this I acknowledge my responsibility and my consent to employment at and participating in Camp.

I have been made aware of the requirements for a pre-arrival screening form to be completed for 10 days prior to coming to camp. I have been made aware of the screening questionnaire to be completed upon arrival to camp, and if any of the answers to the questions are "yes," I will contact the Camp Director and understand that my employment may be delayed (or in certain situations terminated).

Signature _____

Date ____ / ____ / ____

Print Name _____

Signature of Parent/Guardian (if under the age of 18) _____