

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

Camp SMILE has put in place numerous preventative measures and enhanced cleaning protocols to reduce the likelihood of spreading COVID-19 at Camp SMILE. However, Camp SMILE cannot guarantee that you or your volunteer's will not become infected with COVID-19. Further, volunteering at a Camp SMILE summer camp session could increase your or your volunteer's risk of contracting COVID-19.

By signing the agreement, I acknowledge the contagious nature of COVID-19 and voluntarily agree to the participation terms and 12 items initialed by me presented in the Health Protocols. I assume the risk that my volunteer/myself, and other family members may be exposed to or infected by COVID-19 by attending any camps and activities at Camp SMILE, and that such exposure or infection may result in personal injury, illness, permanent disability or death.

I understand that the risk of becoming exposed to or infected by COVID-19 at Camp SMILE may result from actions, omissions, or negligence of myself/my volunteer and others, including, but not limited to, Camp SMILE employees, other volunteers, campers and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injuries to my volunteer/myself, and other family members (including, but not limited to, personal injury, disability or death), illnesses, damages, losses, claims, liability, costs or expenses, of any kind (collectively, "Claims"), that I/my volunteer, and our family may experience or incur in connection with my/my volunteer's attendance at Camp SMILE summer camp and programs.

On my behalf, and/or on behalf of my volunteer, I hereby release, covenant not to sue, discharge, and hold harmless Camp SMILE, its employees, volunteers, 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 Camp SMILE, its employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during or after participation in a Camp SMILE summer camp program.

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Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 19)

\_\_\_\_\_  
Date