

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM GENERAL AND COVID-19**  
***Camp Harlam Tours 2020***

This waiver & declaration must be completed prior to or upon visiting Camp Harlam and before participating in any activity.

In Consideration of Union for Reform Judaism Camp Harlam ("Camp Harlam"), its employees, directors, officers, volunteers, representatives, and agents permitting me to participate in the CAMP HARLAM EVENT, I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS CAMP HARLAM EVENT (and "activity"), including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the CAMP HARLAM EVENT in which I may participate, and that it will govern my actions and responsibilities at said activity.

COVID-19

The novel coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization.

COVID-19 is extremely contagious and is known to spread mainly by contact from person to person.

Camp Harlam commits itself to complying with the requirements and recommendations of Pennsylvania Department of Health and other governmental authorities, and to put in place and adopt all necessary measures to that effect. However, Camp Harlam cannot guarantee that you or your family will not become infected with COVID-19. Further, attending the Camp Harlam Event could increase the risk of contracting COVID-19, despite all preventative measures put in place.

*By signing this document:*

1. I acknowledge the highly contagious nature of COVID-19 and I voluntarily assume the risk that my family and I could be exposed or infected by COVID-19 by participating in the Camp Harlam Event. I acknowledge that being exposed or infected by COVID-19 may lead to injuries, diseases, or other illnesses, including death.
2. I declare that neither I, nor my family nor anyone in my household, have:
  - a. experienced any cold or flu-like symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, difficulty breathing);
  - b. travelled to AL, AR, CA, FL, GA, ID, KA, LA, MS, MO, NV, OK, SC, TN, TX within the last 14 days;
  - c. been in close contact with a person showing symptoms or tested positive for COVID-19;
  - d. been in close contact with a person with acute respiratory illness in the last 14 days;
  - e. not been advised by my doctor to self-isolate due to possible exposure to COVID-19.

I, on behalf of my family, agree that by signing this waiver and agreeing to the terms and conditions set out in it, I am giving up my legal right to sue Camp Harlam and its affiliates, officers and directors, or employees or volunteers in the event that I or my family contract the Covid-19 Coronavirus.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Union for Reform Judaism Camp Harlam and the Union for Reform Judaism and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this CAMP HARLAM EVENT, whether caused by the negligence or otherwise.

I acknowledge that Union for Reform Judaism Camp Harlam and the Union for Reform Judaism and their employees, directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

This Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Participant's Name  
(Please print legibly)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Age

\_\_\_\_\_  
Parent/Guardian Signature  
(If under 18 years old, Parent or Guardian must also sign.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Age