Authorization by Parent / Guardian

Permission, Voluntary Assumption of Risk, Release of Liability

By my signature below, I represent that I am the parent or legal guardian of _____ (camper), and I hereby give permission for my child to fully participate in the programs offered by Bethany Birches Camp Inc. ("BBC"), including but not limited to those activities taking place at BBC's campus and those taking place elsewhere, as well as transportation by approved camp staff and vehicles for camp activities and/or medical treatment. My permission is given with the understanding that BBC makes reasonable efforts to ensure the safety and wellbeing of my child including staff training, CPR, health and safety training, maintenance on equipment and maintaining reasonable camper/staff ratios. However, I acknowledge that BBCs programs are intended to be stimulating and appropriately challenging for participants, and include sports, games and other activities that some children may find physically strenuous, and that may be held in a rugged natural environment. There are risks associated with participating in BBC's camp programs which cannot reasonably be eliminated. These risks include but are not limited to falls, collisions, burns, insect bites or stings, rash or other injury from vegetation (including poison ivy), getting lost, equipment failure, being struck by objects, illness, contagion, vehicle accident or other bodily injury or death, including those resulting from the behaviors or actions of other participants, employees and agents of BBC, or unrelated third parties.

In consideration for BBC's provision of the programs my child will participate in, I, on behalf of myself and my child, hereby voluntarily and knowingly assume the risks (the "Risks") associated with participation in BBC's programs, including without limitation those noted above and release BBC, its officers, employees, staff, agents, and board of directors (the "Released Parties") from all claims, liabilities, and demands that may arise out of Risks, including those arising out of camping and other related activities provided by BBC or its agents, and agree that I will not, individually or as parent(s) or legal guardian(s) on behalf of my child, and that my child will not, institute any action at law or in equity for any personal injuries or property damage. I hereby agree to release, indemnify and hold harmless BBC and the other Released Parties from, and agree not to sue the Released Parties for, any and all claims, demands, actions, lawsuits, settlements, judgments, damages, losses, costs and expenses of any kind or nature whatever (including attorneys' fees) on account of or arising out of any and all personal injury, illness, death, bodily injury, mental anguish, emotional distress, physical, property or other damage that my child or I may suffer from any cause whatsoever arising from or in connection with any cause whatsoever arising from or connected with any program or activity provided by or on behalf of BBC or related in any way to my child's participation in any BBC activity, including without limitation any such injury, illness, death, anguish, distress or damage arising from or related in any way to the negligence or gross negligence of one or more of the Released Parties.

Specific COVID-19 Assumption of Risk and Release of Liability

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state and local governments and agencies recommend social distancing and other precautions to minimize the transmission of COVID-19. I understand that, based on what is currently known about COVID-19, the spread of the virus is thought to occur primarily from person-to-person via respiratory droplets during close contacts, and that my child's participation with BBC activities may involve close contact with other persons despite the preventative measures taken by BBC.

I/we understand that the symptoms listed below are representative of COVID-19:

- Fever
- Cough
- Chills
- Chills / shaking
- Muscle pain
- Sore throat
- Headache
- Loss of taste/ smell
- Shortness of Breath

I confirm that I, my child and those who live with my child, have not displayed, or currently have, any of the symptoms that are representative of COVID-19, which are outlined above. _____ _____ (please initial).

I understand that BBC cannot guarantee that my child or those that may be in close contact with my child will not become infected with COVID-19. In consideration for BBC's provision of the programs my child will participate in, I on behalf of myself and my child hereby assume the risks regarding transmission of COVID-19 and hereby release, covenant not to sue, discharge, and hold harmless BBC, its officers, employees, staff, agents and board of directors from all claims, liabilities, and demands that may arise out of the camping and other related activities provided by or on behalf of BBC, and agree that I will not, individually or as parent or legal guardian of my child, institute any action at law or in equity regarding any injury or death arising out of any COVID-19 infection of my child or anyone who may be in close contact with my child, whether such infection arises before, during or after my child's participation in any BBC program or activity.

Publicity, Survey Participation

I give BBC permission to use photographs, video, audio or other recording or other likenesses taken of my child for publicity and marketing of BBC programs, including the right to distribute and exhibit these throughout the world without charge or restriction. I understand that BBC will not sell or distribute my address, phone number, email address or personal information to any person or organization other than to the extent reasonably required in connection with its operations, including without limitation in connection with the marketing of BBC's programs, communication with participants, and other activities.

BBC is participating in a Power of Camp Study, which is designed to assess the impact of the summer camp experience. Your child will be given the opportunity to agree to participate or choose not to participate in this study. If they choose to participate, your child will be asked to complete a short questionnaire on the first and last days of camp (about 5 min. each). A third questionnaire will be sent to campers after they return home from camp. No names or other identifying information of campers will be used in any research documents or publications. The information that has been learned from this study helps BBC to improve its programming. Your signature below indicates your consent to allow your child to participate in this study.

* * *

I agree that this "Authorization by Parent/Guardian" shall apply to activities that my child is registering for now and any additional activities that my child might be registered for in this calendar year. References to the "Authorization" herein refer to all sections hereof, including those entitled "Permission, Voluntary Assumption of Risk, Release of Liability", "Specific COVID-19 Assumption of Risk and Release of Liability", and "Publicity, Survey Participation."

My signature below indicates that I have read all of the Authorization. I understand the Authorization, and that I am giving up substantial rights on my own behalf and on behalf of my child by signing below. I am signing this Authorization of my own free will, and agree to be bound by its terms as written.

Parent / Guardian Signature: _____ Date: _____/ _____/ _____

Parent / Guardian Signature: _____ Date: _____/ _____/ _____