COVID-19 DISCLOSURE AND ATTESTATION

I/We fully understand and acknowledge the various risks associated with camp attendance and participation related to the presence of the Coronavirus disease (COVID-19). I/we understand that ECU will take all possible and reasonable measures to reduce the risks associated with COVID-19 including following all Federal, State, Local and University Health and Safety Guidelines. I am aware that it is not possible to eliminate all risks associated with COVID-19 and I assume these risks by voluntarily choosing to participate in the camp. In the event that I contract or am exposed to COVID-19 while participating in the camp, I attest that I will not hold any ECU personnel, camp staff or volunteers responsible for any damages associated with my condition or the consequences thereof. I/we assume responsibility for all associated COVID-19 risk, losses, and/or damages and effectively covenant not to sue or seek to impose liability on ECU or any camp personnel. I/we understand and agree to mandatory reporting of any/all COVID-19 symptoms prior to the start of camp and that such mandatory reporting is required if symptoms develop during the course of camp. I will report my symptoms to ECU Camp Health Center Staff and/or my camp staff.

PARENT OR GUARDIAN

__________________________________________  ____________________________________________
Printed Name                                      Printed Name

__________________________________________  ____________________________________________
Signature                                        Signature

__________________________________________  ____________________________________________
Date                                              Date