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## **COVID-19 Confirmation and Release**

I understand that, based on what is currently known about COVID-19, the spread of the virus is thought to occur mostly from person-to-person via respiratory droplets during close contacts and that my or my child's participation with Camp Men-O-Lan (MOL) activities may involve close contact with other persons.

I/we understand that the following symptoms are representative of COVID-19: fever, cough, chills, chills/shaking, muscle pain, sore throat, headache, loss of taste/smell/ shortness of breath; and confirm that I/we, 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, nor been exposed to a person with a confirmed or suspected case of COVID-19, nor diagnosed with COVID-19 and not yet cleared as non-contagious . \_\_\_\_\_ (Initials)

In consideration for MOL's provision of the programs my child and I will participate in, I/we on behalf of ourselves and my child hereby assume the risks regarding COVID-19 and release and forever discharge and hold harmless MOL, its directors, officers, employees, volunteers, agents, successors and assigns from all claims, liabilities, and demands that may arise out of the camping and other related activities provided by MOL or its agents, and agree that I/we will not, individually or as parent(s) or legal guardian(s) of my child, institute any action at law or in equity regarding COVID-19.

I agree that this Authorization shall be apply to activities that my child or me is registering for now and any additional activities that my child might be registered for in this calendar year.

My signature below indicates that I have read the above Authorization. I understand it and agree to be bound by its terms.

Names: (Please print) \_\_\_\_\_

Individual or  
Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional Parent /  
Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_