



5804 Correctionville Road
Sioux City, IA 51106

Due to the outbreak of Coronavirus (COVID- 19), Camp High Hopes is taking precautions to avoid the spread among our campers. Camp High Hopes will screen all participants and staff with temperature checks and questions prior to attending an event, day camp, weekend or week long camp.

If you or anyone in your house has been showing the following symptoms- **Cough- Shortness of Breath or difficulty breathing- Fever- Chills- Body Aches- Sore throat- loss of taste and smell-** you will be asked not to attend Camp High Hopes at that time.

1. I understand Camp High Hopes cannot be held liable for exposure to COVID- 19.
2. I agree that camper or anyone in the household has not traveled to a “Hot Spot” in the last 14 days.
3. I agree that camper or anyone in the household has not had physical contact with anyone known to be diagnosed with COVID- 19 in the last 14 days.
4. I agree that camper or anyone in the household has not been diagnosed with COVID- 19 in the last 14 days and has been symptom free during those 14 days.
5. I understand that if any symptoms, including not limited to a fever, appear during their time at Camp, they will be required to end their participation in the Camp High Hopes event.

I (“the Customer”) agree to defend, indemnify and hold Camp High Hopes and its employees, contractors, agents, and third parties harmless from any loss, damage, injury, cost, or liability whatsoever arising in connection with my camper while at Camp High Hopes.

IN SIGNING THIS RELEASE I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver, and I understand and sign it voluntarily as my own free act and deed without any inducement or duress whatsoever. No oral representations, statements, or inducements apart from the foregoing written agreement have been made. I am at least eighteen (18) years of age and fully competent. I understand I have the right to have an attorney review this Waiver prior to signing, and I execute this Waiver for full, adequate and complete consideration fully intending to be bound by same.

Name of Camper _____ Guardian’s Signature _____ Date _____

Camp High Hopes will apply the following procedures when campers are attending:

- A. Temperature reading and questions prior to entering a building on day of arrival
- B. Disinfecting restrooms and main areas multiple times a day
- C. Activities will be held outdoors the majority, if not all, of the time
- D. Disinfecting activity areas after each use, prior to the next group
- E. Daily Temperature checks for both campers and staff
- F. Campers and staff will be put into groups no larger than 10 people and will have limited interaction with other groups
- G. Mealtimes will be served outdoors weather permitting. In case of inclement weather, physical distancing will be required
- H. Any overnight camps will require campers to have at least 10 ft of space between beds.
- I. Hand Sanitizer will be made available in every building and activity area.
- J. Hand Washing will be done in between every activity and before and after every meal
- K. Masks will be required of staff and strongly encouraged from any camper that can tolerate them.

THANK YOU FOR YOUR PATIENCE AS WE HELP PROVIDE A SAFE AND FUN ENVIRONMENT FOR OUR CAMPERS!