

## **ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY**

Cross Point Camp, 7310 Rock Creek Road, Kingston, OK 73439 ("Camp") has and will make every reasonable effort to comply with all applicable health and safety rules, however accidents and mistakes can and do happen. Activity at Camp involves physical activity and some degree of proximity to others, which can present a risk of damage or injury to your property or to your person, including serious injury, such as cuts, bruises, broken bones, paralysis, concussions, diseases, or even death. Additionally, illnesses and diseases, such as COVID-19 and other respiratory illnesses, present risks that cannot be fully mitigated, particularly in group settings, where the risk of transmission may be increased.

By signing this agreement, I acknowledge that except for Conference Camps, Camp has no lifeguards on duty, and all use of swimming pools, ponds, creeks, streams or lakes are at each person's own risk and subject to such rules and supervision as may be required by employees, agents and personnel of Camp. I further acknowledge that I voluntarily assume the risk that my or my child's use of these areas may result in personal injury, illness, permanent disability, drowning or death. I understand that these risks may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Camp's employees, volunteers, and program participants and their families. I further acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Camp and that such exposure or infection may result in personal injury, illness, permanent disability, drowning or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Camp employees, volunteers, and program participants and their families.

By signing this agreement, I agree that I will follow all rules that are posted or announced at Camp, and I will practice safe social distancing and clean hygiene during my or my child's participation at Camp.

By signing this agreement, I understand that my child must be free from COVID-19 symptoms and, should symptoms develop while in the care of Camp, my child will be separated from the rest of the people at Camp. I will be contacted and my child must be picked up within six (6) hours of my being notified. I further voluntarily agree that Camp may monitor my child for symptoms of COVID-19 (including, but not limited to, fever of 101 degrees Fahrenheit or higher, shortness of breath, chills, dry cough, sore throat and muscle aches). I will immediately notify Camp Management if I become aware of any person with whom my child or I have had contact exhibits any symptoms of COVID-19, is advised to self-isolate, quarantine, or has tested positive for COVID-19.

**I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD(REN) OR MYSELF (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY CHILD(REN)'S ATTENDANCE AT CAMP OR PARTICIPATION IN CAMP PROGRAMMING ("CLAIMS"). ON MY BEHALF, AND ON BEHALF OF MY CHILDREN, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE BOARD OF TRUSTEES OF CAMPS AND CONFERENCES OF THE OKLAHOMA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH, INC. ("OKUMC CAMPS"), ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE CAMP, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, WHETHER THE INJURY, ILLNESS, PERMANENT DISABILITY, DROWNING, DEATH, OR COVID-19 INFECTION OCCURS OR MANIFESTS BEFORE, DURING, OR AFTER PARTICIPATION IN ANY CAMP PROGRAM.**

Name of Camp Participant: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_