



# General Participation Form

358 W Hagerman Lake Rd.  
Iron River, MI 49935  
Phone: (906) 265-2117 / Fax: (906) 265-5123  
www.cpbcc.com

All participants **must have** waiver form completely filled out and brought with them to Covenant Point.

### Participant Information

Participant Name: \_\_\_\_\_ Group Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Any limitations to participation? (physical, medical, behavioral):  
\_\_\_\_\_  
\_\_\_\_\_

**Dietary Restrictions:** \_\_\_\_\_

Must provide written explanation of dietary restrictions and/or food allergies below including treatment plan in the event of an allergic reaction, and permission to share allergy related information with appropriate staff.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other allergies (drug, environmental, etc.): \_\_\_\_\_

Other participation concerns: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### If under 18:

Parent / Guardian 1: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent / Guardian 2: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent / Guardian 1 Email: \_\_\_\_\_ Parent / Guardian 2 Email: \_\_\_\_\_

Participant Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### Release and Waiver of Liability

I hereby give my consent to have the above-named Participant fully participate in all camp activities, outings and field trips conducted on and off the campus of Covenant Point recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. Covenant Point has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Point nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage or death which may occur to the above Participant as a result of participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary for the Participant should he/she require such assistance. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant. I agree to allow Covenant Point to transport Participant as needed and to use a photocopy of this form as my authorization when necessary. Covenant Point may use the Participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Participant Signature/  
Legal Guardian (if minor): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



# COVID-19 Waiver and Screening Form

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Iron River, MI 49935  
Phone: (906) 265-2117 / Fax: (906) 265-5123  
www.cpsc.com

## Participant Information

Participant Name: \_\_\_\_\_ Group Name: \_\_\_\_\_

Parent/Guardian Name (if participant is a minor): \_\_\_\_\_

## Health Screening Questions (must be completed by upon arrival):

Yes	No	
		Have you (or your child) been in contact with a person who has or is suspected to have COVID-19 in the last 14 days?
		Have you (or your child) felt unwell in the last 3 days – or experienced ANY of the following symptoms? <i>*Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea</i>
		Have you traveled internationally or domestically via airplane in the last 14 days?
		Do you possess, or has your healthcare provider told you that you possess, any high-risk factors ( <i>age over 65, live in nursing home, chronic lung disease, moderate to severe asthma, serious heart conditions, immune-compromised, severe obesity, diabetes, chronic kidney disease, liver disease</i> ) that should prevent you from participating in programs at Covenant Point?

## Health Screening Questions (must completed by CPBC staff upon arrival at designated check-in area):

Yes	No	
		Using CPBC’s thermometer to verify, was the participant’s temperature above 100.4 degrees?
		Using a visual assessment, does the participant show any signs of illness, including flushed cheeks, rapid or difficulty breathing, fatigue, or extreme fussiness?

Authorized Staff Member’s Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**In order to comply with state and CDC guidelines, and to protect participants and staff, if YES responses are present for any screening questions, the individual (and their family) will not be permitted to participate in CPBC programs or remain on CPBC property.**

### Release and Waiver of Liability

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and most especially in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19.

Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death. Covenant Point cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading COVID-19 while utilizing Covenant Point’s services or premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize Covenant Point’s services and/or enter onto Covenant Point’s premises you may be exposing yourself and your child(ren) to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my child(ren) in order to utilize Covenant Point’s services and enter Covenant Point’s premises. These services are of such value to me and to my child(ren), that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize Covenant Point’s services and premises in person.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Covenant Point and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Covenant Point’s services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

Participant Signature/  
Legal Guardian (if minor): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_