

MTSU COVID POLICY:

COVID-19: We understand that Participant's participation in the Activity may include potential exposure to patients or other individuals with known or suspected COVID-19. Participant voluntarily participates, and Parent voluntarily gives Participant permission to participate in the Activity. We assume all risks associated with exposure to or infection with COVID-19, or other communicable diseases or conditions, including, but not limited to, physical or psychological injury, pain, suffering, contagiousness, illness, temporary or permanent disability, economic or emotional loss, and/or death. We understand that Participant may be at greater risk of serious illness or death from COVID-19 if Participant has an immunocompromising condition or other heightened risk factors. We have been afforded an opportunity to consult with Participant's care provider about the health and exposure risks to Participant as a result of participating in the Activity.

Participant agrees to follow all policies and procedures of the Activity, as well as any written or oral instructions or direction given by the Activity or Housing staff and by MTSU. To the extent possible, we agree to follow any applicable CDC Guidelines issued now and in the future related to COVID-19, including washing hands often, avoiding close contact with sick individuals, practicing social distancing, covering coughs and sneezes, wearing a facemask, and cleaning and disinfecting work or living space.

Parent agrees that they will not bring Participant to the Activity if Participant has any symptoms of COVID-19 or is sick. Participant agrees to inform Activity and/or program staff if Participant develops any symptoms of COVID-19 or becomes sick. Parent and Participant understand that MTSU will not have long term isolation or quarantine space available if Participant becomes sick during the Activity. Parent agrees to immediately pick Participant up from Activity upon notification that Participant has COVID-19 symptoms, has been exposed to another individual with COVID-19 symptoms requiring Participant to quarantine, or has otherwise become sick.

Camper Name X _____

Signature of Parent(Guardian) X _____

Date _____