



COVID-19 Waiver & Agreement

Camper's Name: _____

Although Peniel and Camp Encounter has taken adequate measures to reduce virus transmission according to the most current regulations, I understand that there are possible risks of exposure to COVID-19 when gathering in groups and I give my child or guardian permission to participate under the safety guidelines set in place for this 72 hour camp retreat event.

I agree to the requirements initialed below upon leaving my child/guardian at Camp Encounter for the retreat event dated ____/____/____.

_____ I or another listed emergency contact agree to be available to retrieve my child/guardian from the camp premises within 24 hours of being notified should my child/guardian show any symptoms of COVID-19.

_____ In the event that I, or a direct member of my household test positive for COVID-19, I agree to send an alternate parent/guardian or authorized emergency contact to pick up my child/guardian. I will not knowingly enter the Peniel campus if positive for COVID-19 or exhibiting related symptoms.

Parent/Guardian (Signature) _____ Date: _____

(Print Name) _____