

**Acknowledgement of Camper Responsibility, Express Assumption of Risk and Waiver of Liability for
Country Dance and Song Society (CDSS) 2021 Summer Camp Weeks**

Name of non-attending Parent/legal guardian _____

Name of minor camper _____

Page 1 of 4

CDSS believes that camp should be a safe, fun and educational experience for all. With those values in mind, CDSS is asking all campers to sign the following waiver. The waiver is intended to protect, and not to limit, the culture of community created at Camp over many generations.

The novel coronavirus (“COVID-19”) has been designated by the World Health Organization (“WHO”) as a global pandemic. COVID-19 is a new virus, accordingly scientific and medical knowledge regarding the virus is continuing to evolve and develop. COVID-19 has been determined to be a highly contagious illness and mainly spread through person-to-person contact, there are also risks associated with airborne spread and touching surfaces. The virus may cause serious illness and even death in those who contract it. Adults over 65 and persons with designated underlying health conditions are at higher risk for serious illness and/or death from COVID-19. There is currently no cure for the virus.

Moreover, the CDC has designated certain activities including close contact sports, such as dancing, and singing as higher risk activities for the spread of COVID-19.

COVID-19 continues to be present in Massachusetts and Michigan at this time and there is community spread of the virus. The US Federal Drug Administration (FDA) has granted emergency use authorization for the Moderna COVID-19 Vaccine, Pfizer-BioNTech COVID-19 Vaccine and the Johnson & Johnson COVID-19 Vaccine and Health Canada has approved those and the AstraZeneca/COVISHIELD COVID-19 vaccine. While these vaccines are believed to be highly effective, they do not eliminate all risk of COVID-19.

While CDSS requires all participants attest to having received an above-named vaccine and being fully vaccinated (defined as two weeks after receiving a second dose of the Moderna, Pfizer, or AstraZeneca vaccine or two weeks after the single-dose Johnson & Johnson vaccine), CDSS cannot guarantee that COVID-19 will not be present or that your minor will not be exposed to, contract, or spread COVID-19.

CDSS and the facility will provide handwashing stations and hand sanitizer throughout the camp, but it is an individual’s responsibility to ensure they are engaging in proper hand hygiene. Because CDSS is only admitting those who are fully vaccinated, based on current CDC and state guidelines, CDSS will not require campers to wear masks while participating in camp activities. However, campers wishing to wear masks are permitted to do so.

By signing below, I am acknowledging the risks stated above on behalf of my family member and am assuming such risks voluntarily, including the risk of serious illness, debilitating injury, or death to my family member listed below. I further acknowledge that I understand the risk of exposure, contracting, or spreading COVID-19 may result from the acts, omissions, negligence of my underage family member and others, including but not limited to CDSS employees, agents, representative, volunteers, other participants and their families, and/or other individuals who may be present at the facilities or in attendance at the activity.

In addition, I understand that during participation at this CDSS Camp program, my family member listed below may be exposed to a variety of additional hazards and risks which are inherent to Camp activities and cannot be eliminated without destroying the unique character of the Camp. These inherent risks

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Page 2 of 4

include dangers of personal injury and property damage through natural causes or the actions of other persons, as a result of negligence or otherwise. I appreciate that my family member listed below may have to exercise extra care for their own person and for others around them. I further understand that while there is medical staff on site at this Camp, neither CDSS nor the Camp can guarantee my family member's physical safety. To the best of my knowledge, my family member listed below is in good physical condition and fully able to participate in this Camp. **I hereby elect allow my family member listed below to participate in this Camp, knowing the potential risks.**

In consideration for my family member listed below acceptance as a participant at Camp, and for the services and amenities to be provided by CDSS in connection with the Camp, I confirm my understanding that:

- I and my family member listed below are responsible for my family member's behaviors toward others at Camp. CDSS is not responsible if my family member negligently or intentionally injures another person(s) during or in relation to Camp.
- CDSS is not responsible if my family member listed below is injured during Camp or in relation to a CDSS event.
- CDSS does not provide alcohol but campers of legal age are permitted to bring alcohol to Camp for responsible and appropriate consumption. I understand that I am solely responsible for the actions of my family member listed below as the result of their alcohol consumption, and that consumption of alcohol by any child or person under the legal drinking age is strictly prohibited.
- **No firearms of any kind are allowed at Camp.**
- CDSS strictly forbids the possession or use of illegal substances and unprescribed prescription drugs at Camp. I am solely responsible for the actions of my family member listed below and bear sole liability for any such possession or use. I understand that I may be personally liable if I provide the same to any other person directly or negligently.
- If my family member chooses to swim or boat, it is at our own risk, particularly should my family member decide to swim at any time there is no lifeguard on duty. CDSS is not responsible for any injury my family member might sustain, including death, if my family member chooses to swim or boat.
- I bear sole and complete responsibility for the safety, care and behavior of the minor listed, and appoint the adult listed below to oversee this minor on my behalf while my family member is at camp. I understand that CDSS shall provide no special programs or accommodations for minors.
- If I or my family member listed below engage in behavior that is disruptive to the Camp community, I understand that CDSS reserves the right to dismiss us from Camp, without refund of fees paid.

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Page 3 of 4

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder shall remain valid and fully enforceable.

In signing below, I attest that the minor on whose behalf I am signing as parent or legal guardian is fully vaccinated in relation to COVID-19. Specifically, the child on whose behalf I am signing, for whom I am a parent or legal guardian, received the

(circle) **Moderna** **Pfizer-BioNTech** **Johnson & Johnson** **AstraZeneca/COVISHIELD**
vaccine on:

Date(s) _____ and _____

NOTE: CDSS reserves the right to request documentation of such vaccination. CDSS further reserves the right to require a camper to immediately vacate the premise upon finding out they falsely attested to this information.

I further agree that while at camp, should the minor on whose behalf I am signing, as parent or legal guardian, develop any COVID-19 (currently described as, but not limited to, 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 or vomiting, and/or diarrhea) they will remain in their assigned cabin and notify Camp medical staff. I agree that if Camp medical staff directs me or my minor to quarantine either in assigned bunk or elsewhere on site, I or they will do so or will leave the Camp. Moreover, if Camp medical staff instruct me and/or my minor child to leave, I and they agree to do so. Moreover, I agree to notify Camp medical staff should I learn that I or my minor child have COVID-19 within 14 days of leaving Camp.

I further agree that should I or my minor child on whose behalf I am signing develop COVID-19 symptoms within 14 days after leaving Camp or that I or my minor child in fact have COVID-19 within 14 days after leaving Camp, I will contact **CDSS at camp@cdss.org** to notify them of such potential exposure while I was at the camp. CDSS staff will contact local public health authorities upon learning such information to determine if there is any contact tracing or camper notifications that should be undertaken.

To the fullest extent allowed by law, by signing below and in consideration for the opportunity of myself and my family members (if signing on behalf of minor) to participate in this program, I and the minor on whose behalf I am signing voluntarily agree to WAIVE, DISCHARGE, RELEASE FROM LIABILITY AND COVENANT NOT TO SUE CDSS, its officers, directors, employees, volunteers, agents, and leaders from any and all liability on account of, or in any way resulting from injuries, illness including COVID-19 and exposure to same, and damages in any way connected with this Camp. I understand and agree this release includes any claims based on acts, omissions, or negligence of CDSS, its officers, directors, employees, volunteers, agents, and leaders. I further agree by signing below and in consideration for the opportunity of myself and my family members (if signing on behalf of minor) to participate in this program, to HOLD HARMLESS CDSS, its officers, directors, employees, volunteers, agents, and leaders from any claims, damages, injuries, illness including COVID-19, or losses caused by my own acts and omissions, including but not limited to negligence while a participant at Camp. I further agree by signing

**Acknowledgement of Camper Responsibility, Express Assumption of Risk and Waiver of Liability for
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below and in consideration for the opportunity of myself and my family members (if signing on behalf of minor) to participate in this program, to RELEASE, DISCHARGE, AND HOLD HARMLESS CDSS, its officers, directors, employees, volunteers, agents, and leaders from liability, claims, causes of action, or demands, including attorney fees, fines, fees or other costs (e.g. medical costs) arising out of any exposures to illness or injury from COVID-19. I understand that this assumption of risk and release is binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me to the Camp.

This form is available for an online signature.

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and their personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. I further agree to accept and be bound by the terms and conditions described above as well as all releases and waivers on behalf of my minor child/ward.

Name of Minor Participant: _____ **Date of Birth:** _____

Location (circle one): Plymouth, MA Lexington, MI **Start date of camp:** _____

In addition, because I will not be present at camp, _____
name of at-camp guardian (over age 24)

is assigned by me to oversee my child at camp and has my permission to authorize emergency medical treatment if necessary.

My name: _____ **Date of Birth:** _____

Parent/legal guardian Signature: _____ **Date:** _____

At-camp guardian section

I accept full responsibility for the above-named child while attending this CDSS Camp. I have read and agree to the above and waive all claims, demands, causes of actions, and suits for personal injury, property damage, and other liability which may occur to this child while at the Program and Camp indicated above.

At-camp Guardian name: _____ **Date of Birth:** _____

Signature: _____ **Date:** _____