

LONGMONT HUMANE SOCIETY - KIDS & CRITTERS CAMP
2021 Waiver & Release of Liability Authorization

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING LONGMONT HUMANE SOCIETY FROM ALL LIABILITY.

Health and Safety A

Boulder County Public Health lists the following symptoms as possibilities for COVID-19: new or worsening cough, shortness of breath or difficulty breathing, temperature 100.4 °F or higher, feeling feverish, chills, fatigue or weakness, muscle or body aches, new loss of smell or taste, headache, gastrointestinal symptoms (abdominal pain, diarrhea, vomiting), feeling very unwell. Children have been more commonly reported to have abdominal symptoms, and skin changes or rashes. I agree to keep my child home from camp if he/she exhibits any symptoms of COVID-19 or has tested positive for COVID-19 within the past 10 days. Parent/Guardian Initials _____

Health and Safety B

Longmont Humane Society will be taking safety precautions prior to and during all camp sessions, including temperature check upon arrival, mandatory masks, frequent sanitizing and enhanced cleaning measures and social distancing. I understand the risks associated with in-person gatherings with regards to the spread of COVID-19. I acknowledge that Longmont Humane Society shall not be responsible for the transmission of COVID-19 between camp attendees, and I release Longmont Humane Society from any and all liabilities with respect thereto. Parent/Guardian Initials _____

Acknowledgement of Program Modification

I acknowledge that the 2021 summer camp provided by Longmont Humane Society will be different as compared to pre-COVID camp years and camp activities and plans will be based on the most current guidance in place at the time of each camp offering. Program modifications may include, but not be limited to, socially distanced camp activities, modified lesson plans and activities, modified drop-off /pick-up procedures. Additionally, I acknowledge that all participants attending any camp held indoors OR outdoors may be required to use personal protective equipment such as face masks depending on the local, federal or state guidance at the time that camp occurs. Campers must provide their own masks. Parent/Guardian Initials _____

I understand that, if in the judgment and sole discretion of the Humane Education Coordinator, my child is unable or unwilling to follow the guidelines for safe animal interaction or, if my child's conduct is endangering or could endanger animals, staff, campers, volunteers, employees, or the Longmont Humane Society patrons, then my child will be asked to leave and I will be notified. Under these circumstances, no refunds will be made. I have explained these guidelines to my child and my child understands these guidelines and the behavior expected. Parent/Guardian Initials _____

I acknowledge and understand that Longmont Humane Society (LHS) does not know the complete history of the animals at LHS and the animals' behavior may be unpredictable. I release and discharge LHS from any and all responsibility for any injuries that my child may receive as a result of being at LHS, including, but not limited to, bites and scratches. On behalf of my child, I hereby release, discharge, indemnify and hold harmless LHS, its officers, directors, agents, servants, insurers, and employees (collectively, the LHS Parties) from any and all claims present and future and rights to compensation that may arise from or relate to (1) any act or omission of LHS Parties (other than intentional misconduct) and (2) any damage, loss, illness, injury or death (including animal bites and scratches) sustained by my child during, in connection with or arising from, my child's participation in the Kids & Critters Camp. I intentionally and knowingly waive any and all such claims that I may have against such persons and I reserve only and do not waive or release claims for intentional misconduct. This Release will be binding and enforceable against me, my child and our personal representatives, successors and assigns with respect to my child's participation in the Kids & Critters Camp. Parent/Guardian Initials _____

I AM THE PARENT OR LEGAL GUARDIAN of the participant named above. I am of legal age and am freely signing this agreement on behalf of the participant. I HEREBY CERTIFY THAT I HAVE READ, CONSENT AND AGREE TO THE FOREGOING WAIVER OF LIABILITY AUTHORIZATION AND CONSENT AND SIGN IT VOLUNTARILY.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

Consent to Participate: Kids & Critters Camp 2021

All Campers: Activities at Kids & Critters Camp include visiting with cats that may have colds. Although the upper respiratory infections that many of these cats have is not life threatening, it is contagious to other cats, yet harmless to all others. Campers will wash hands after visiting with these cats. The risk of spread to your cats at home is minimal. Please indicate your preference:

My child is **(CIRCLE ONE)** permitted not permitted to visit with the cats with colds.
_____ Parent/Guardian Initials

All Campers: PHOTO RELEASE: On behalf of my child, his/her heirs, personal representatives and executors, I agree that LHS may use any photographs, videos, or other images taken at Camp for use in public relations efforts with the full understanding that no compensation or other payment of any kind will be paid to participant or to any other person for any of the agreements contained herein.

_____ Parent/Guardian Initials

All Campers: I will have my child at Kids & Critters Camp at 8:30am each morning and pick him/her up at 12:30pm every day. Due to the nature of business of LHS, I understand there is no supervision for campers after 12:30pm. I understand that there will be a charge of \$1/minute for every minute that I am late. If there is anyone that should NOT pick up my child after camp, I will inform the Humane Education Coordinator in writing. _____ Parent/Guardian Initials

All Campers: Activities at Kids & Critters Camp may include visiting the Well Pet Clinic, where surgeries and other medical procedures may be occurring. Campers may be invited to observe these procedures in an educational capacity. Campers will participate only if they wish to and if you initial permission to do so below. Please know that if you sign your permission and your child declines to observe, your child's preference will be honored.

My child is **(CIRCLE ONE)** permitted not permitted to observe Well Pet Clinic procedures.
_____ Parent/Guardian Initials