



BT Family Camp 2020
Assumption of the Risk and Waiver of Liability Agreement
Relating to Coronavirus/COVID-19

The coronavirus (COVID-19), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and can spread from person to-person contact. Beth Tfiloh (BT) Camps has and will continue to use its best efforts to institute and implement preventative measures to reduce the spread of COVID-19; however, BT Camps cannot guarantee that you or your child(ren) may not become infected, exposed or otherwise contract COVID-19 while attending, participating in or otherwise engaging in any activities at or in connection with BT Family Camp.

By signing this Assumption of the Risk and Waiver of Liability Agreement, I/we acknowledge and agree that I/we on my/our behalf and on behalf of my/our child(ren):

1. I/we understand that BT Camps has put in place safety rules and precautions in order to mitigate the spread of COVID-19, which rules and precautions may be updated at any time. While acknowledging that these rules and precautions may or may not be effective in mitigating the spread of COVID-19, I/we agree I/we will reasonably comply with such rules.

2. I/we agree that if any member of our family is exhibiting symptoms of acute respiratory illness, a fever of 100.4° F or higher, have had known exposure to someone with COVID-19, or has a diagnosis of COVID-19, or any other symptoms of COVID-19 as identified by the Centers for Disease Control, no members of our family will use BT Family Camp until all members of the family have medical clearance.

3. By signing this Assumption of the Risk and Waiver of Liability Agreement, I/we acknowledge the contagious nature of COVID-19 and the inherent risks of exposure to those who may be infected with COVID-19. I/we voluntarily assume the risk that I/we or our child(ren) may be exposed to or infected by COVID-19 by engaging at BT Family Camp and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death.

4. I/we voluntarily assume full responsibility for any and all risks of illness or injury associated with exposure to COVID-19. I/we completely absolve BT Camps, including but not limited to the Beth Tfiloh Congregation of Baltimore City, Inc. and Beth Tfiloh Dahan Community School, Inc. and its and their officers, directors, clergy, members, employees, agents, and contractors (collectively "Beth Tfiloh") from any and all legal or financial responsibility, including, but not limited to, any personal injury, disability, illness, damage or death from exposure to COVID-19 in connection with my/our use of BT Family Camp, whether such exposure occurs before, during or after my/our use of BT Family Camp and whether or not it arises through the negligence, omission, default or other action of anyone affiliated with Beth Tfiloh. Also, I/we agree to defend, hold harmless, and indemnify Beth Tfiloh from and against any and all liabilities, losses, claims, suits, causes of action, demands, judgments, costs and expenses (including attorneys' fees and court costs) of any kind or nature other than a direct claim by the undersigned, against Beth Tfiloh with respect to any exposure I/we may have to COVID-19, whether or not it arises through the negligence, omission, default or other action of anyone affiliated with Beth Tfiloh.

5. I/we agree to allow BT Camps to use promotional photography of the outdoor programs that our family may be included in.

6. I/WE HAVE READ AND UNDERSTAND THIS ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY AGREEMENT AND I/WE AM AWARE THAT BY SIGNING THIS AGREEMENT I/WE MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. THIS AGREEMENT SHALL BE BINDING UPON ME/US AND MY/OUR HEIRS, LEGAL REPRESENTATIVES, AND ASSIGNS, AND SHALL INURE TO THE BENEFIT OF BETH TFILOH AND ITS SUCCESSORS AND ASSIGNS.

Name(s) of Parent(s)/Guardian(s): \_\_\_\_\_

Signature(s) of Parent(s)/Guardian(s): \_\_\_\_\_

Date: \_\_\_\_\_

If you have a child(ren) under age 18 attending BT Family Camp, please complete the following:

Name of Child(ren): \_\_\_\_\_

Signature(s) of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_