

Close-Contact Agreement

Springfield College is committed to our Humanics mission while striving to protect the health and safety of our campers and minimizing the potential spread of disease within our community. The COVID-19 pandemic will affect the experience of all community members as we continue to make public health-informed decisions. This form is intended for participants who will likely engage in close-contact experiences. In this context, close-contact experiences are defined as activities related to programs that require proximity to others in any way that does not meet otherwise required social distancing guidelines.

Parent, Please Note: You may print, initial, and sign the document and then scan it and save it as a PDF or you may enter digitized versions of your actual initials and signature in the appropriate fields and save the file. **Typed initials and typed signatures cannot be accepted.**

Please initial each statement below.

_____ My/My child's participation in face-to-face activities is entirely voluntary and I have carefully considered the attendant risks of such participation.

_____ I understand that I/my child will be at risk of exposure to SARS-CoV-2 and of contracting COVID-19 by engaging in close-contact experiences.

_____ I understand that I/my child will be at risk of exposure to SARS-CoV-2 and of contracting COVID-19 by engaging in hands-on activities, which may require having physical contact with other people.

_____ I understand that, even when the reported risk of contracting COVID-19 is diminished, it may still be present and significant.

_____ I understand that the long-term consequences of SARS-CoV-2 infection have not been established, and that the short-term effects can be serious or even fatal.

_____ I/my child accept the potential increased risk of contracting COVID-19 if I choose to engage in close-contact experiences, including those that require physical contact with other people.

_____ I/my child understand that I have the right to determine whether or not the risks of participating in experiences at this time are unacceptable to them, personally.

_____ I/my child agrees to comply with all safety regulations and precautions implemented by Springfield College for the duration of my experiences

If you agree to all of the above, sign here:

By signing this I hereby attest that I have carefully read this form and understand its contents, and agree to its terms and conditions.

Participants Printed name

Participant/Parent Guardian
Signature

Date