

Special Participation Agreement In Relation to Risk of Coronavirus Exposure

Thank you for reading this Agreement carefully. It includes important information about Camp Olympia activities and describes certain protections sought by Camp Olympia if you, your child, or another family member becomes ill or suffers some other loss due to infection of the CoronaVirus (COVID-19) that may have been caused from being at Camp Olympia or from being exposed by someone else who was at Camp Olympia.

PROCEDURES BEFORE CAMP:

All guests should monitor their health and check for any COVID or infectious disease symptoms in the 10 days leading up to arrival.

Guests are NOT allowed to attend if they are sick, exhibiting any COVID symptoms, or have been directly exposed to someone who has tested positive for COVID within the last 14 days.

PROCEDURES DURING CAMP:

Camp Olympia and its staff will be taking many health precautions for its guests. At check-in, all guests will be required to complete a health screening, which screens for elevated temperature and other COVID symptoms, including, but not limited to, cough, shortness of breath, chills, muscle pain or sore throat. Anyone with symptoms or a temperature exceeding 99.5° F will be asked to leave. Camp Olympia staff members will also complete a health screening, including a temperature check, prior to beginning work each day.

Masks or face covering must be worn at our facility when physical distancing cannot be maintained. Exceptions include guests within the same household, participants in any water or physical activity, or when eating or drinking. Camp Olympia staff members are required to wear a mask/face covering when inside buildings and when within 6 ft. of any guest. Physical distancing of at least 6 ft. must be practiced at the camp facility with anyone outside of your household. Other precautions during your stay at camp include: encouraging and enforcing more handwashing, use of hand sanitizers, and disinfecting of cabins, equipment and high use areas.

However, despite the best efforts of Camp Olympia, exposure to COVID-19 cannot be completely eradicated while attending camp. COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in programs at Camp Olympia or accessing its facilities could increase the risk of contracting COVID-19.** Camp Olympia in no way warrants that COVID-19 infection will not occur through participation in its programs or accessing its facilities.

GROUP NAME: PARKWAY FELLOWSHIP

NAME OF PARTICIPANT(S): (print) _____

PARENT/GUARDIAN NAMES: (print) _____

(For participant under the age of 18)

Acknowledgement and Assumption of Risks:

I have read and understand the SPECIAL PARTICIPATION AGREEMENT. I acknowledge and assume the risks and dangers described above with me/my child being at Camp. I understand them and wish to participate in the activities of the Camp community, and I agree to the Release and Indemnity Agreement below:

RELEASE AND INDEMNITY AGREEMENT:

I, INDIVIDUALLY AND ON BEHALF OF MY CHILD (IF APPLICABLE), HEREBY RELEASE, DISCHARGE, INDEMNIFY, AND HOLD HARMLESS CAMP OLYMPIA, INC., CAMP MANAGEMENT, INC., CAMP MANAGEMENT FOODS, INC., WP REALTY, L.P. DBA WHISPERING PINES GOLF CLUB, OLYMPIA REALTY CORPORATION, RC HILLCREST, L.P., AND THE SPIRIT GOLF ASSOCIATION AND THEIR RESPECTIVE SHAREHOLDERS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS AND REPRESENTATIVES (ALL SUCH ENTITIES AND INDIVIDUALS BEING REFERRED TO COLLECTIVELY HEREINAFTER AS THE “RELEASED PARTIES”) WITH RESPECT TO ANY AND ALL CLAIMS RELATED TO CONTRACTING THE CORONAVIRUS (COVID-19) AND ANY LOSS, BODILY INJURY, OR DAMAGES ASSOCIATED FROM IT WHICH I/ MY CHILD MAY SUFFER, ARISING OUT OF OR IN ANY WAY RELATED TO ATTENDING THE CAMP, AND ON OR OFF THE CAMP PREMISES. I FURTHER AGREE TO INDEMNIFY (THAT IS DEFEND AND PAY, INCLUDING COSTS AND ATTORNEYS FEES) THE RELEASED PARTIES FROM CLAIMS BROUGHT BY OTHER MEMBERS OF MY OR MY CHILD'S FAMILY, AND CLAIMS BROUGHT BY OTHERS, INCLUDING OTHER PARTICIPANTS, WHO CLAIM A LOSS CAUSED BY ME/MY CHILD. THESE AGREEMENTS OF RELEASE AND INDEMNITY INCLUDE CLAIMS CAUSED OR CLAIMED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE (WHETHER SOLE, JOINT OR CONCURRENT) OR GROSS NEGLIGENCE OF THE RELEASED PARTIES.

Any dispute between Camp Olympia or another Released Party and me and/or my child shall be governed by the substantive laws (not including the laws which might apply the laws of another jurisdiction) of the State of Texas, and any mediation or suit shall occur or be filed and maintained exclusively in Trinity County, Texas, to the jurisdiction of which court or courts I hereby consent, for myself and/or on behalf of my child.

If any part of this agreement is found by a court of competent jurisdiction to be invalid, the remainder of the agreement nevertheless will be in full force and effect.

This Agreement and Waiver of Liability does not supersede, circumvent, or cancel the **CAMP OLYMPIA RELEASE, INDEMNITY AND MEDICAL TREATMENT AUTHORIZATION**, but instead works together in conjunction with it.

I have read and accept the terms and conditions of this Agreement, and acknowledge and agree that it shall, to the fullest extent allowed by law, be effective upon me and/or my child, and our respective heirs, personal representatives, estates and family members.

Date

Signature of Participant (must be at least 18 years of age)

Date

Signature of Legal Guardian (if applicable)

Date

Signature of Legal Guardian (if applicable)

Date

Signature of Witness