

Adult



### Pre-Screen Health Form and Release of Liability for Retreats

Church or Organization Name: \_\_\_\_\_ Retreat Dates: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Dear New Life Retreat Guest;

To help reduce the risk of illness at New Life, we ask that you consider your health on the morning of your retreat check-in. The best retreat sessions start with healthy campers and this begins at home.

- 1. Have you traveled out of the country in the last month? Yes  No
- 2. Have you been in contact with anyone who has tested positive for COVID-19 in the last 14 days? Yes  No
- 3. Have you traveled to and visited a locality of high concentration of COVID-19 positive cases? Yes  No
- 4. Have you been sick in the last 14 days? Yes  No   
If yes, what symptoms did you have?  
\_\_\_\_\_

5. Have you exhibited any of the following symptoms in the 72 hours prior to the start of your camp session?

	Yes	No		Yes	No
Cough	<input type="checkbox"/>	<input type="checkbox"/>	Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	New loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>	Nausea	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Muscle Pain	<input type="checkbox"/>	<input type="checkbox"/>			

◆ If you answered “yes” to any of the above symptoms, please call the camp prior to leaving for camp to discuss with the camp health coordinator.

6. What was your temperature the morning of the first day of retreat arrival (before leaving home to travel to camp)? \_\_\_\_\_degrees

*I attest that I took this temperature on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) and to the best of my knowledge it is an accurate reading. \_\_\_\_\_ (initials)*

My signature on page 2 indicates that I have completed this health screening accurately to the best of my ability. I understand that arriving to camp healthy is vital to a healthy camp for all campers.

◆ Waiver Statement on page 2 must be signed by Participant.

**Waiver Statement**

By signing this registration form below, I understand and certify that my participation in New Life Bible Camp and its activities is completely voluntary and I have familiarized myself with the camp’s program and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in camp events and programs, and particularly but not limited to the activities of hiking, horses, organized recreational activities and games, and team building activities.

I acknowledge that although New Life Bible Camp has taken safety measures to minimize the risk of injury to camp participants, New Life cannot ensure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I acknowledge that participation in camp involves risk to the participant and may result in various types of injury including, but not limited to, the following: sickness, including but not limited to exposure to COVID-19 or coronavirus(es), bodily injury, death, emotional injury, personal injury, property damage, and financial damage. I further recognize the importance of knowing and abiding by the camp’s rules, regulations and procedures for safety of all camp participants.

By my signature on this registration form, I agree to waive and forever release all claims for damage or injury to myself, including but not limited to serious personal injury, disfigurement, and death, and to indemnify, defend, and hold harmless New Life Bible Camp, its owners, Board members (present and future), agents, servants, employees, representatives, insurers, successors, and assigns against any and all claims, suits, demands, causes of action, judgments, verdicts, costs, damages, expenses and joinders for sole liability, contribution, or indemnity which may be incurred by them as a result of any such claim, demand, or lawsuit which I or our agents, heirs, executors, administrators, successors, and assigns might file against them arising from my presence at or participation in activities at New Life Bible Camp, including reimbursement to the parties being indemnified hereunder for any attorney’s fees and expenses incurred by them in connection therewith. I also hereby give my permission to the physician selected by the camp to hospitalize, secure proper treatment for; and order injection, anesthesia, or surgery for me. I also grant permission to be included in camp photos, audio, and/or video that may be used for promotional purposes.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If participant is 17 years old or younger, a separate ‘minor’ form must be completed.*

**NOTE:** Return this completed and signed form to your Retreat Group leader. This form is required for you to attend a retreat at New Life Bible Camp and participate in any activities. Any questions, concerns, or comments regarding the content should be directed to the camp.

**New Life Bible Camp, Inc.**  
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