

Coronavirus/COVID-19 Assumption of the Risk, Waiver of Liability, Authorization and Consent

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. The University of Denver and _____ have put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, participation in summer camp programs could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

___ INITIALS By signing this document, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and/or my child may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the University of Denver and _____ Camps.

___ INITIALS I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my child(ren) including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at the University of Denver and _____ Camps. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the University of Denver, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the University of Denver, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at the University of Denver and _____ Camp.

___ INITIALS By signing this document, I agree that if I am and/or if my child(ren) are exposed or infected by COVID-19 during my/their participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

___ INITIALS I agree that to the best of their ability my child(ren) will follow all camp safety guidelines laid out by the University of Denver and _____ and will attempt to practice safe social distancing and clean hygiene at all times during their participation at the University of Denver and _____ Camps. Failure to comply with provided safety guidelines may result in your child(ren)'s expulsion from camp.

___ INITIALS I agree to provide contact information for two authorized adults who can arrive on campus within twenty-four (24) hours of being notified that my child(ren) has/have tested positive for COVID-19 or has/have been determined to be a close contact of an individual who tested positive for COVID-19. I authorized those named individuals to pick up my child(ren) from the camp and to remain overnight with my child(ren) if necessary for quarantine or isolation as required by the applicable public health agency.

___ INITIALS I acknowledge that, to reduce the spread of COVID-19 and identify cases of COVID-19, as a condition for my child(ren) to participate in _____ Camp at the University of Denver, I will sign the applicable consent agreement(s) for COVID-19 PCR testing at the University of Denver. If I do not sign the consent agreement(s), I understand that my child(ren) will not be permitted to participate in _____ Camp at the University of Denver.

Child / Camper Name(s) _____

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____ Date _____



Registration for COVID-19 Surveillance Testing

The information provided below will be used to identify your child’s record which will be stored in the University of Denver Health & Counseling Center HIPAA-compliant database and reported to the state with test results as required by law.

Child’s First Name	Child’s Last Name	Child’s Date of Birth
Parent/Guardian Email Address		Parent/Guardian Mobile Phone
Child’s Biological Sex Male Female Other		
Local Address		
City	State	Zip Code

Please carefully read and sign the following informed consent:

- I authorize the COVID-19 testing unit to conduct collection and testing of COVID-19 on my child through a self-collected salivary sample.
- I understand that my child’s personal information and sample are to be analyzed by a lab on campus and my child’s results will be disclosed to the University, county, state or any other government entity as required by law.
- I understand this consent is for testing only and the testing unit is not acting as my child’s medical provider. This test does not replace treatment by my child’s medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child’s test results. Although the testing unit is not my child’s medical provider, I understand that the testing unit follows the Health and Counseling Centers Notice of Privacy Practices for confidentiality of health records, which is available [here](#).
- I acknowledge that a positive test results is an indication that my child must self-isolate as directed in the effort to avoid infecting others.
- I agree to seek medical advice, care and treatment from my child’s medical provider if I have questions or concerns.
- I understand that as with any medical test, there is the potential for false positive or a false negative.

By signing this registration process for COVID-19 testing, I acknowledge that I have been informed about the test purpose, procedures, possible benefits and risks. I have been given the opportunity to ask questions before I sign and I have been told I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19 for my child.

Printed name of parent/guardian

Signature of parent/guardian

Date

Printed name of child

Emergency Contact and Consent Form

CONTACT INFORMATION

Camper Name: _____ Date Of Birth: _____
First MI Last

Parent/Guardian 1: _____ E-mail: _____
First Last

Address:

Street _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Parent/Guardian 2: _____ E-mail: _____
First Last

Address:

Street _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

You must provide contact information for two (2) adults who can arrive on campus within twenty-four (24) hours of being notified in case of an emergency involving your child, your child testing positive for COVID-19, and/or your child needing to quarantine after exposure to COVID-19.

By signing this form, I give consent to the University of Denver and the camp my child is attending to contact these individuals and to release my child to these individuals if I cannot be reached and/or I cannot arrive on campus within twenty-four (24) hours of being contacted.

Emergency Contact Name: _____ Relationship to child: _____
First Last

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact Name: _____ Relationship to child: _____
First Last

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Is there someone who should, by court order, NOT be allowed to pick up this child?

Name: _____

Description: _____

CHILD MEDICAL INFORMATION

PLEASE PRINT CLEARLY.

In case of serious illness or injury and if you cannot be reached, will you allow your child to be transported to the doctor or hospital? Yes No

Allergies: _____

Medications: _____

Frequency: _____

Other: _____

Physician: _____

Phone: _____

Address: _____

Health Insurance Company: _____ Policy #: _____

CONSENT FOR TREATMENT

The information on this form will be used in emergency situations. If at any time due to circumstances such as accident, sudden illness, or emergency, and medical treatment is required for my child, this form will be given to the necessary personnel including private physician, hospital, or medical personnel. I hereby give permission to the University of Denver and the camp my child is attending to secure emergency medical treatment for my child. I agree to be financially responsible for all expenses of such care.

Signature of Parent or Guardian

Date

Dear DU Summer Camp and Conference Clients,

We are excited to be working with you this upcoming season. This memo aims to provide updates on the COVID-19 protocols for our campus. We are encouraged by the improving conditions on and off campus. With the CDC's reclassification of Denver's COVID-19 transmission risk level to "low," we anticipate the following changes to our COVID-19 summer guidelines:

- **Vaccination:** each attendee will be required to present either:
 - 1) Proof that the individual is fully vaccinated against COVID-19. Fully vaccinated:
 - primary dose(s) + booster for age 12+
 - primary doses for age 5-11
 - OR**
 - 2) Proof of a negative COVID-19 PCR or laboratory antigen test record with the attendee's name and date visible taken no earlier than 72 hours prior to group check-in on campus.
- **Testing:** Each guest will undergo a COVID-19 PCR test at check-in on the day of the event
- **Cohorts:** no longer required
- **Pickup Time:** The timeframe for an authorized adult to pick up a child that has tested positive for COVID-19 will be twenty-four (24) hours instead of four (4) hours. Additional paperwork with emergency contact information will still be required at time of arrival.

We will continue to monitor COVID-19 conditions and send regular updates through your arrival this summer. We plan to have a finalized set of protocol changes for your signature by early May. If you have any COVID-19-related questions or concerns, please contact Jennifer Graser, Assistant Director of Summer Conferencing, at Jennifer.Graser@du.edu.

We look forward to seeing you this summer,

Amanda Fudala
Executive Director

