



2021 Magnified Giving Camp Give and Square1 Stem Camp COVID-19 Guidelines and Agreement

Dear Parent/Guardian,

We are excited to be hosting Camp Give for the 2020-2021 summer and are happy that your Camper is interested in participating. Please read, sign, and return this permission form for your Camper to participate in-person. Please review with your Camper and have them sign. Staff will review guidelines each day with Camper during club.

We care about your family's health and safety, so to keep everyone healthy our summer program will adhere to the following **COVID-19 Guidelines**.

- **For In-Person Camp Give**
 - Campers must pre-register, payment and all waivers received to attend.

- **Parents/guardians should plan drop-off and pick-up accordingly.**
 - Campers will need to enter the building through the front entrance of the building (facing Reading Rd. not the side entrance) and receive a health screening including temperature check and health questions. If participants have a fever of **over 100 degrees** Fahrenheit or are **exhibiting symptoms of COVID-19**, they will be asked to leave the program for the day.

- **Current CDC guidelines will be followed regarding COVID-19 Exposure, quarantine time etc.**
 - At least 3 days (72 hours) with no fever without taking medication to reduce fever during that time, AND
 - Improvement in respiratory and other symptoms, AND
 - At least 10 days have passed since symptoms began.
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- **If a camper has been in close contact with someone who has tested positive for COVID-19, they will be asked not to attend the Camp Give session.**

- **We ask that parents/guardians do not enter the building without notifying staff first. You may text/call the Magnified Giving office at 513-733-9727.**

- **In-session guidelines to be followed.**
 - Campers, staff, and volunteers are required to **always wear masks**. Campers may bring their personal mask, or one will be provided.
 - Medical exemptions of masks with a doctor's note, prior to attending.
 - Social distancing guidelines will be followed.
 - Each Camper will be responsible for sanitizing their own personal areas, with the support of staff.



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- o The Camp Give area and supplies will be sanitized daily per CDC guidelines.

- **If participants are unwilling to follow these guidelines, they will not be permitted to participate in the Magnified Giving Camp Give week.**

By signing below, I hereby grant permission for my child to participate in the 2021 Camp Give and Square1 program. By my signature I also acknowledge that I have read, understand, and agree to the **COVID-19 Guidelines and understand failure to meet all guidelines may result in the inability to attend Camp Give.** I have reviewed these guidelines with my Camper. Guidelines will be updated as recommendations change per the Health Department and will be communicated to families by phone, email and social media accounts.

Parent/Guardian printed name: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Phone Number: _____

Camper printed name: _____

Camper Signature: _____ Date: _____

Camp Give sponsored by Magnified Giving

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND
PARENTAL/GUARDIAN CONSENT AGREEMENT

This Release and Waiver of Liability (the "Release") is executed on this _____ day of _____, 20___, by _____ the parent or guardian ("Guardian") of _____, a minor child/volunteer/counselor ("Minor") in favor of Camp Give sponsored by Magnified Giving ("CG"), a nonprofit organization, as well as its officers, officials, board members, agents, volunteers and employees. The Minor desires, and the Guardian agrees to allow the Minor, to participate to in CG as a camper, volunteer, and/or a counselor and engage in the activities related to CG. In consideration for participating, both Minor and Guardian hereby freely and voluntarily without duress execute this Release under the following terms:

1. **Guardian Status.** By my acknowledgement below, I attest that I am the parent or legal guardian of the Minor named in this Release, and that I have the authority to execute this Release on behalf of the Minor.
2. **Waiver and Release.** Guardian and Minor release, discharge, and hold harmless CG and their respective members from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise from the Minor's participation in CG. The Guardian and Minor each understand and acknowledge that this Release discharges CG from any liability or claim that Guardian or Minor may have against CG with respect of bodily injury, personal injury, illness, death, or property damage that may result from activities at CG worksites. It is also understood that CG does not assume any responsibility for or obligation to provide financial or other assistance to the Minor, including, but not limited to, medical, health, or disability insurance in the event of injury, illness, death, or property damage.
3. **Medical Treatment.** Guardian and Minor release, discharge, and hold harmless CG from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the Minor's time at CG.
4. **Transportation.** Guardian and Minor each release, discharge, and hold harmless CG and their officers, officials, board members, agents, volunteers, and employees from any and all liability, claim demand, action, or cause of action, of whatever kind or nature either in law or equity, arising from or by reason of any bodily injury, personal injury, or mental injury, known or unknown, including death, resulting from travel provided by or in connection with CG.
5. **Photographic Release.** Guardian and Minor each grant and convey CG all rights, titles, and interests in all photographic images and video or audio recordings made by CG.
6. **Behavior.** Guardian and Minor understand that the Minor's behavior at CG must comply with all rules and regulations conveyed in the CG Parent Packet.
7. **Other.** Guardian and Minor expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of Ohio. Guardian and Minor agree that in the event that any provision of this Release is held to be illegal, invalid, or unenforceable by any court of competent jurisdiction, (a) such provision will be fully severable, (b) this Release will be construed and enforced as if such illegal, invalid, or unenforceable provision had never been part of the Release,

(c) the remaining provisions of this Release will remain in full force and effect and will not be affected by the illegal, invalid, or unenforceable provision or by its severance.

THIS IS A VOLUNTARY RELEASE OF ALL CLAIMS BY YOU. PLEASE READ CAREFULLY BEFORE ACKNOWLEDGING

I have read this Release and Waiver of Liability, Assumption of Risk, Indemnity, and Parental/Guardian Consent Agreement, and understand and acknowledge that I have given up substantial rights by checking the box below freely and voluntarily, without duress.

Name of Legal Guardian _____

Acknowledgement of Legal Guardian Date _____

EMERGENCY MEDICAL AUTHORIZATION INFORMATION

PURPOSE - To enable Guardian to authorize the provision of emergency treatment for Minor who may become ill or injured while under CG authority, when parents or guardians are unable to be reached.

Emergency Contact

In an emergency, CG will FIRST attempt to contact the Guardian(s):

Name	Cell or Primary #	Home	Work
_____	_____	_____	_____

If CG cannot reach the above, please list the other person(s) who may be notified and to whom your child may be released:

Emergency Contact 1:

Name	Relationship	Cell or Primary #	Home	Work
_____	_____	_____	_____	_____

Emergency Contact 2:

Name	Relationship	Cell or Primary #	Home	Work
_____	_____	_____	_____	_____

Insurance Information (if you have it)

CG does NOT insure its campers (in full, in part, or as a supplement) against accident or injury incurred while involved in and/or as a result of activities.

Insurance Company:

Insurance Company	Policy No.	Policy Holder's Name
_____	_____	_____

Consent for Treatment

Please indicate whether you grant or refuse to consent treatment for your child:

- YES, grant consent
- NO, do not grant

Granting consent for Treatment

In the event that reasonable attempts to contact Guardian was made, I/we do hereby consent for:

1. The administration of any treatment deemed necessary by:
 - Dr. _____ (preferred physician) at the following number _____
 - Dr. _____ (preferred dentist) at the following number _____
 - Dr. _____ (medical specialist) at the following number _____

2. The transfer of the Minor to _____ (preferred hospital) at the following number _____ or any hospital reasonably accessible.

This authorization **does not cover major surgery unless the medical opinions of two other licensed physicians or dentists** concur on the necessity for surgery are obtained prior to the performance of such surgery. The following are facts concerning the Minor’s medical history including **allergies, medications being taken, medical conditions, and any physical impairments to which the physicians or dentist should be alerted:**

Existing Medical Conditions:

Medications:

Allergies:

This consent form should be taken with the child to the hospital or physician’s office

This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family address: _____

Contact: Father _____ Primary Contact Number _____

Mother _____ Primary Contact Number _____

Child’s Birthdate _____ Last Tetanus _____

Special Blood Type or other Pertinent Information such special accommodations required:

