



Porter County Sheriff's Office

David M. Reynolds
Sheriff

Timothy Manteuffel
Chief Deputy

ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO COVID-19

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 Porter County Sheriff's Office (PCSO) has put into place preventative measures to reduce the spread of COVID-19; however, the PCSO cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Sheriff's Camp could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Sheriff's Camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Sheriff's Camp or participation in Sheriff's Camp programming ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge and hold harmless the PCSO, 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 PCSO, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during or after participation in any Sheriff's Camp program.

My signature also indicates that we completed the health screening for 14 days prior to the start of each camp attended and to the best of our ability. We have and will continue to adhere to the state, CDC, and camp guidelines and policies and understand that this and arriving to camp healthy is vital to a healthy camp and in the fight of COVID-19.

I acknowledge that if I have a high-risk camper(s) it is my obligation to consult their medical provider to assess their risk and determine if attendance is acceptable and to share this information with camp administration.

I understand that I should have an alternative child care plan in place for my camper(s) in the event they become ill or have contact with someone who is ill, or the camp is temporarily dismissed. I further understand that in the event my child exhibits symptoms during participation in the Sheriff's Camp program, they will be isolated and I will be contacted for immediate pickup.

Parent/Guardian Signature _____ Date: _____