80

Polish Scouting Organization -Z.H.P, Inc.

National Headquarters





P.O. BOX 5839 Clark, NJ 07066 email: okregusa.zhp.org

COVID Assumption of Risk and Behavior Agreement 2022

Polish Scouting Organization – ZHP, Inc. ("the Organization") recognizes the extraordinary circumstances of the Coronavirus/COVID-19 pandemic. The Organization also recognizes the need to proceed with its activities, as best as possible, consistent with CDC guidance and applicable state and local restrictions. These standards may change from time to time with short notice.

Assumption of Risk

As a participant in the Organization's activities, and/or a member of the Organization, I acknowledge the contagious nature of the Coronavirus/COVID-19. I further acknowledge that the Organization cannot guarantee that I will not become infected. I voluntarily agree to participation in the Organization's activities with full knowledge and understanding of the risk of possible infection. I assume all risk of infection for myself. I also acknowledge that social distancing may not be always possible during the Organization's activities.

As a parent/guardian of a participant who is a minor in the Organization's activities, I acknowledge the contagious nature of the Coronavirus/COVID-19. I further acknowledge that the Organization cannot guarantee that my child not become infected. I voluntarily agree to my child's participation in the Organization's activities with full knowledge and understanding of the risk of possible infection. I assume all risk of infection for my child. I also acknowledge that social distancing may not be always possible during the Organization's activities.

Behavior Agreement

In view of the extraordinary circumstances of the pandemic, I, as a participant or parent/guardian of a participant who is a minor, agree to the following:

- to be on stand-by during any Organization activity, where my child is participating, to be available to pick up my child on short notice, if required
- to report to the Organization that a member of my household has tested positive for Coronavirus/COVID-19
- to not let myself or my child participate in any Organization activity for at least 5 days, if any member of my household has tested positive for Coronavirus/COVID-19 or has been exposed to someone who has tested positive for Coronavirus/COVID-19

<u>Participant/Member</u>	Parent/Guardian
Signature:	Signature:
Name (print):	Name (print):
Date:	Date: