

Koinonia Camp 2020 Pre-Registration Form

Camper Name: _____

Date	Temperature	Parent Initials
Ex. 5-26-2020	98.6	AG
1.		
2.		
3.		
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14.		

Please initial the following statements regarding your child attending Koinonia Camp during the summer of 2020.

_____ I certify that my child has not tested positive for COVID-19.

_____ I certify that my child has not displayed symptoms of COVID-19.

_____ I certify that my child has not been in contact with anyone who has been diagnosed with COVID-19 in the 14 days prior to camp.

_____ I certify that to the best of my knowledge my child does not have COVID-19.

_____ I certify that all provided information is correct to the best of my knowledge.

Release of Liability: Participant agrees to hold harmless, indemnify, and defend organization against, and hold harmless from, and all claims, demands, causes of action, damages, orders, judgments, costs or expenses, including attorney's fees., whether actually incurred or not, which may in any way arise from or in any way be connected to the participants use of or presence upon the property of the organization or the facilities thereof.

Parent/Guardian Signature: _____