

**MAINE FIDDLE CAMP 2022** staff initials: \_\_\_\_\_  
**COVID HEALTH SCREEN and**  
**LIABILITY RELEASE**

**CAMPER NAME:** \_\_\_\_\_ **DOB** \_\_\_\_\_

- 1) Have you had a diagnosis of Covid in the last 10 days? \_\_\_\_\_
- 2) Have you had **ANY** of the following symptoms in the last 48 hours ? (new or unrelated to existing conditions)
- A. Fever 100° F/ 37.8°C or greater \_\_\_\_\_
  - B. Chills or repeated shaking with chills \_\_\_\_\_
  - C. Sore throat \_\_\_\_\_
  - D. Difficulty breathing/ shortness of breath \_\_\_\_\_
  - E. New cough \_\_\_\_\_
  - F. New loss of sense of taste or smell \_\_\_\_\_
  - G. New runny nose or nasal congestion \_\_\_\_\_  
(different from normal allergies or seasonal hay fever)
  - H. Vomiting, nausea, or diarrhea (3 or more loose stools in 24 hours) \_\_\_\_\_
  - I. Unexplained muscle aches \_\_\_\_\_
  - J. Fatigue \_\_\_\_\_
  - K. Headache \_\_\_\_\_

**STAFF PERFORMED TEMP:**

**If yes to any of these questions, please proceed to nurse triage station.**

I hereby attest that these screening questions are answered accurately:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**MFC RESPONSIBILITY RELEASE**

Acknowledgment and Assumption of Risks Including COVID-19 Risks: I understand that MFC camp attendance involves health and safety risks. Additionally, attendance and participation during the COVID-19 pandemic presents additional health and safety risks. I assume full and sole responsibility for all risks, known and unknown, inherent or otherwise, related to my camp attendance or participation in the camp activities, and acknowledge that I am attending MFC camp and participating in the camp activities with knowledge and acceptance of these risks.

Liability Release: I hereby **RELEASE AND DISCHARGE** Maine Fiddle Camp from and against all claims, damages, injuries, losses, actions, lawsuits, proceedings, expenses, costs, and attorney fees.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_