

**MAINE FIDDLE CAMP 2022
COVID HEALTH SCREEN and
LIABILITY RELEASE**

testing staff initials: _____

test results _____

CAMPER NAME: _____ **DOB** _____

- 1) Have you had a diagnosis of Covid in the last 10 days? _____
- 2) Have you had **CLOSE CONTACT** with Covid positive person in past 10 days? _____
- 3) 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: _____