



II COR. 5:17

NEW LIFE RANCH

RELEASE OF LIABILITY *for Adult Participants*

In consideration of my participation in any way in the events and activities of New Life Ranch, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

FOR MYSELF, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my participation; and, willingly agree to comply with the program's stated and customary terms and conditions for participation. I HEREBY RELEASE AND HOLD HARMLESS New Life Ranch; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to any and all injury, illness, disability death, or loss or damage to person or property incident to my involvement or participation in these programs to the fullest extent permitted by law. I HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs to the fullest extent permitted by law. I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____

Signature: _____

Date Signed: _____



NEW LIFE RANCH

MEDICAL SCREENING for Entering Camp

Travel/Contact History:

Have you traveled to or had contact with an individual who has traveled to a foreign country in the last 21 days? **Y or N**

If yes, please explain: _____

Have you had close contact with someone exposed to or infected with COVID-19 in the last 21 days? **Y or N**

If yes, please explain: _____

Is a member of your household currently on a watch list for COVID-19 exposure or currently infected with COVID-19? **Y or N**

Symptoms: Have you had any of the below symptoms in the past 21 days?

___ Fever (above 100.4 degrees F) **Current Temperature** _____ ___ Cough ___ Shortness of Breath ___ Chills

___ Repeated shaking with chills ___ Muscle pain ___ Headache ___ Sore Throat ___ New loss of taste or smell

___ **NO SYMPTOMS**

Risk Factors: Do you have any of the risk factors listed below?

___ Moderate to Severe Asthma ___ Diabetes ___ Chronic lung disease

___ Serious heart conditions ___ Severe Obesity ___ Other serious underlying medical conditions

___ Currently taking immunosuppressive medications (chemotherapy, corticosteroids, etc.)

___ Immunocompromised (immunodeficiency, bone marrow or organ transplant, cancer treatment, smoking, etc.)

This report and any other medical information provided will be kept confidential in the camp office.