



www.katedyd4kids.com

katedydcamps@gmail.com

240.285.5852

4602 Prices Distillery Road, Ijamsville, MD 21754

SUMMER CAMP COVID-19 WAIVER

I, _____, parent or guardian of _____, in consideration of the services to be provided by Katie Smith/ KatieDyd 4 Kids/ Justin Smith LLC, as well as studio on the premises of 4602 Prices Distillery Road, Ijamsville, MD 21754 (thereafter referred to as "said provider" do hereby release and discharge said provider, its owners and affiliates as follows:

- I agree to disclose any information about any potential exposure to COVID-19 by my child or anyone in the immediate family or any symptoms such as, but not limited to, cough, fever, or loss of smell/taste, and will not bring my child to camp if such exposure or symptoms develop.
- I acknowledge that the risk of contracting COVID-19, whether minor or serious and disabling, cannot be entirely eliminated, despite all of the precautions being taken.
- I hereby release said provider and voluntarily give up legal rights and possible claims, demands and rights of action which are or may be related to or arise out of my child's participation in summer camp, and release said provider, its owners and affiliates from any omissions, acts, or negligence of any sort.

Please circle your response for each statement:

I DO/ DO NOT give permission for my child to wear a face covering on his/her nose and mouth as needed throughout camp.

I WILL/ WILL NOT provide this face covering for the duration of summer camp.

By signing this Release of Liability Waiver Form, I acknowledge that I fully understand and voluntarily accept its statements.

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____

Parent Full Name _____

PHONE #: _____

SIGNATURE/DATE:
