

# THE Nephrotic Syndrome FOUNDATION

SUPPORT. EDUCATE. FIGHT.

Due to the outbreak of the novel Coronavirus (COVID-19), NSF is taking extra precautions to ensure the health and safety of guests and staff, and is following enhanced procedures to prevent the spread of COVID-19. Number of persons allowed to enter the event will be limited in accordance with county guidelines. Persons exhibiting symptoms of COVID-19, or otherwise, will not be allowed to participate.

By signing below, I acknowledge that I understand its intent, and I for myself, heirs, executors, administrators and representatives, hereby agree to absolve and hold harmless **The Nephrotic Syndrome Foundation (NSF), Social Good Fund, TFFF, UCCR**, visiting or attending vendors, volunteers, sponsors, cooperating organizations and any other parties connected with **Camp NSF**, in any way, together with their respective successors and assigns, singly and collectively, from and against any blame and liability injury, harm, loss, inconvenience or any other damage of any kind whatsoever, including but not limited to **illness arising from Covid 19**, which may arise out of the negligence or carelessness on the part of any person or party named in this waiver.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild to severe. Symptoms may appear 2-14 days after exposure. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

I agree to the following (please check each item before signing at the bottom of the page):

I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.

I affirm that I, as well as all household members, have not been diagnosed with, or tested positive for, COVID-19 within the past 14 days.

I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 14 days.

By signing below, I agree to each statement above, and release **The Nephrotic Syndrome Foundation/Social Good, TFFF, UCCR**, visiting or attending vendors, volunteers and or any related parties, cooperating organizations, sponsors, etc, from any and all liability for unintentional exposure or harm due to COVID-19, or injury, harm, loss, inconvenience or any other damage of any kind whatsoever.

Authorized Parent / Guardian Name(s): \_\_\_\_\_

Minor Camper / Family Member Name(s): \_\_\_\_\_

Authorized Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*A form is required for each adult attending. If there are multiple adults / caregivers attending from the same family, each adult must complete and sign a separate form. One form may be completed by an authorized parent / guardian on behalf of minor participants, certifying the above is true and accurate.*