



## COVID-19 “At-Risk” Camp Participant Statement.

Your safety and the safety of all our members, volunteers, and employees is the Greater Tampa Bay Area Council’s top priority. In light of COVID-19, we are taking additional precautions at camp on top of our long-established health and safety measures.

First, our council health supervisor, state-licensed board-certified pediatrician, is coordinating with state and the respective local county health departments to ensure we are aware of and follow their guidance to mitigate the risk of COVID-19 at camp.

Our mitigation plan includes:

- Pre-attendance education, BSA Pre-event Medical Checklist completion (*see attached*)
- Health screening conducted by your unit prior to travel to our camp, including a temperature check.
- Health screening upon your arrival at camp, which will include a temperature check, possibly a pulse-oximetry check and a review of your BSA Pre-event Medical Checklist and BSA Annual Health & Medical Record.
  - Note: should anyone not pass the arrival screening, the affected individual(s) will not be allowed to enter camp or the event.
  - A recheck of your temperature and pulse-oximetry check may be conducted as part of your check-out at the end of your camp experience.
- Limits on visitors in camp.
  - All visitors will be screened upon arrival before entry to camp.
  - Visitors (non-participants) may not be allowed on property.
- Hygiene signs and reminders throughout the camp experience.
- Social distancing of six feet will be maintained whenever possible.
- Requiring proper face mask use inside buildings and where social distancing is not possible.
- Extra handwashing / sanitizer stations will be available throughout camp, especially at point(s) of food distribution and program areas.
- When possible, staff to clean and disinfect high-touch surfaces and shared program equipment.
- Use of personal protective equipment (PPE) by appropriate staff members in the camp.
- Use of strategic group structures to limit exposure of campers to their own troop whenever possible.
- An emergency response plan that includes isolation and quarantine protocol should a person at camp develop symptoms of COVID-19 or other communicable disease.
- Check-ins with the unit leader one week after the unit leaves camp to determine if any participants have developed symptoms.

These precautions are important, but they do not fully remove the potential for exposure to COVID-19 OR any other illness while at camp. Some people infected with COVID-19 show no signs or symptoms of illness but can still spread the virus, and people may be contagious before their symptoms occur. These factors mean that an infected person may pass through the required health screenings and still be allowed into camp.

We also know the very nature of camp makes social distancing difficult in many situations and impossible in others.

Information from the Centers for Disease Control and Prevention (CDC) states that older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19. *If you are in this group, please ensure you have approval from your health care professional prior to attending camp.*

We know that each staff member, volunteer, and Scouting family has a unique set of circumstances to consider when deciding whether to attend camp. We hope this information will be helpful as you make those choices.



### BSA Pre-Event Medical Screening Checklist

Everyone entering a council camp or event – including participants, visitors, vendors, staff, etc. must be screened using this check list and turn in this signed form to the Program Director or Ranger. This form must be completed no sooner than 24 hours before entering a camp property.

**Participant Name:** \_\_\_\_\_

- Yes  No - Has the participant been in contact with anyone who has COVID-19?  
*This question does not include contact by a medical professional in PPE as part of their employment.*
- Yes  No – Are any members of the participant’s household displaying symptoms of COVID-19?
- Yes  No – Does the participant or anyone they have been in close contact with have a pending COVID-19 test due to expected exposure or symptoms and are awaiting the results?
- Yes  No - Has the participant or anyone they have been in close contact with traveled on a cruise ship, internationally, or to an area with a known communicable disease outbreak in the last 14 days?

**If the Answer is “yes” to any of these questions, the participant must stay home.**

- Yes  No - Is the participant in a higher-risk category as defined by the CDC guidelines?  
*If the answer is “yes” to this question, we recommend that you stay home. Should you choose to participate, you must have approval from your healthcare professional and then proceed to the questions below.*

Has the participant had any of the following symptoms in the last 24 hours?

- |  |   |
|--|---|
| <input type="checkbox"/> Shortness of breath         | <input type="checkbox"/> Vomiting               |
| <input type="checkbox"/> New or worsening dry cough  | <input type="checkbox"/> Diarrhea               |
| <input type="checkbox"/> Fever of 100.4 F or greater | <input type="checkbox"/> Loss of taste or smell |
| <input type="checkbox"/> Flu-like symptoms           |   |

**If the Answer is “yes” to any of these symptoms, the participant must stay home.**

Has the participant had any of the following symptoms in the last 24 hours?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Cough                                       | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Unexplained extreme fatigue or muscle aches | <input type="checkbox"/> Open sore   |
| <input type="checkbox"/> Rash  |                                      |

**If the answer is “yes” to any two of these symptoms, the participant must stay home.**

If the participant has one of these symptoms, discuss any limitations and restrictions with the event director and **consider having him or her stay home.** If the participant has any pre-existing conditions, disclose them to the event health officer or event director.

*Participants who become ill should not return to the activity until they are cleared by a health care professional. Any participant exhibiting symptoms at an event may be asked to leave by the medical officer or event director.*

The participant named does NOT exhibit any of the conditions above and is able to participate. Any pre-existing conditions have been disclosed to the event health officer or event director.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent if Participant is a Minor)

**Event Name:** \_\_\_\_\_



## RELEASE, WAIVER, HOLD HARMLESS RELATING TO COVID-19

*This document affects your legal rights. Read this document carefully and thoroughly BEFORE executing.*

**ACTIVITY AND ASSOCIATED RISKS:** \_\_\_\_\_ (“Participant”) (either myself or a person for whom I am parent/guardian) has chosen to participate in the following activity (hereinafter referred to as the “Activity”), which will be held at the following location (hereinafter referred to as the “Location”), which has been organized by the Boy Scouts of America (hereinafter referred to as “BSA”) and/or the Greater Tampa Bay Area Council (“GTBAC”): \_\_\_\_\_.

I understand that the outbreak of COVID-19 has been declared by the World Health Organization to be a global pandemic. COVID-19 is highly contagious, and governmental authorities and health organizations have recommended measures such as social distancing, the wearing of masks, and limits on group sizes. These measures **may or may not be adhered to during the duration of the Activity. BSA and GTBAC cannot guarantee that participants will not become infected with or exposed to COVID-19.** Further, attending the Activity could increase the participants’ risk of contracting COVID-19.

**ASSUMPTION OF RISKS:** I, on behalf of myself and the Participant (if different), (a) assume and take sole responsibility for (i) the risk that I and the Participant may be exposed to or infected by COVID-19 by participating in the Activity; (ii) the risk that such exposure or infection may result in illness, injury, property damage, permanent disability, and/or death; and (b) the risk of potentially transmitting, infecting, or exposing others to the COVID-19 virus.

**RELEASE OF LIABILITY:** I, on behalf of myself and the Participant (if different), hereby fully and completely **RELEASE**, waive, and hold harmless, **BSA, GTBAC**, all coordinators, staff, medical advisors, employees, volunteers, independent contractors, or other persons or organizations associated with the Activity or associated with **GTBAC or BSA**, to include but not limited to fellow participants, or other persons/organizations associated with the Activity or travel to and from the Activity (hereinafter referred to as the “**Related Parties**”) from and against the risks described above (including but not limited to illness, injury, property damage, permanent disability, and/or death), and any and all claims, causes of action, demands, liabilities, actions, damages, costs, or expenses of any kind arising out of or relating thereto (“**Claims**”), including but not limited to the expenses of defending against the Claims, court costs, and attorneys’ fees.

I agree that this release, waiver, and hold harmless includes any Claims based on the actions, omissions, negligence, gross negligence or fault of any kind or nature of **BSA, GTBAC**, or any of the **Related Parties**.

**I have fully informed myself of the contents of this Agreement by reading it before signing.** No oral representations, statements, implied terms, or other inducements to sign this Agreement have been made apart from what is contained in this document. I understand this is a contract that affects my legal rights and I sign it of my own free will.

I, on behalf of myself and the Participant (if different), and **BSA, GTBAC**, and the **Related Parties** (by their acceptance hereof) hereby knowingly, irrevocably, voluntarily, and intentionally waive any right to a trial by jury in respect of any litigation based on this Agreement, the Activity, any other document executed in connection with the Activity, or any other matter described herein, or arising out of, under, or in connection therewith, or any course of conduct, course of dealing, statements (whether oral or written), or actions of any party in connection therewith.

Participant/Parent/Guardian’s Printed Name \_\_\_\_\_

Participant/Parent/Guardian’s Signature \_\_\_\_\_

Date \_\_\_\_\_



## Participant Self-Reporting Requirements

*To support the safe and cautious re-opening of programs within the Greater Tampa Bay Area Council, the Council's COVID Response Committee has established the following reporting requirements.*

Despite taking all necessary precautions, it is possible that Scouts, Scout leaders, and family members will be exposed to COVID-19 while participating in a Scout meeting or activity. Given that such exposure is possible, we **STRONGLY ENCOURAGE** our entire Scouting family to report any COVID-19 symptoms occurring during or after an event.

**Parents and Scouters- If you have reason to believe you or your Scout is infected with COVID-19, immediately (a) go to this website: <https://tampabayscouting.org/covid-exposure-form>, AND/OR (b) contact (i) your unit leader, (ii) Ward Bramlett (Council staff professional) at (813) 394-6070, and (iii) the Council at (813) 872-2691 ext. 101, to provide the following information:**

1. Name of the individual(s) who may have been infected with COVID-19 or who has become symptomatic, possibly exposing others
2. Unit (pack, troop, crew, ship, post) of the individual(s) who may have been infected with COVID-19 or who has become symptomatic, possibly exposing others
3. Contact information of the individual(s), to include email and home addresses, telephone number, and county of residence
4. Relationship to the Scout, Scouter, or parent that is reporting the exposure
5. Date COVID-19 symptoms manifested (as close as possible)
6. Suspected place and date of exposing others, if at a Scout meeting or event
7. Places and dates of other receive Scouting events within 14 days

**Unit Leaders - If you received information that a Scout or Scouter is believed to have COVID-19:**

Immediately (1) contact your unit's Chartered Organization Representative (COR) AND (2) (a) go to this website: <https://tampabayscouting.org/covid-exposure-form> and/or (b) contact Ward Bramlett (Council staff professional) at (813) 394-6070 and the Council at (813) 872-2691 ext. 101 to provide the above information.

**Program/Event/Activity Directors - If you receive information that a Scout or Scouter is believed to have COVID-19:**

Immediately (a) go to this website: <https://tampabayscouting.org/covid-exposure-form> and/or (b) contact Ward Bramlett at (813) 394-6070 and the Council at (813) 872-2691 ext. 101 to provide the above information. The Council will then notify the unit leader and the COR.

Additionally, unit leaders are strongly urged to request Scouts and parents to provide timely notification of known COVID-19 exposures at unit meetings.