

## Safety Protocol, Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and other measures to attempt to limit the spread of infection.

In response, the facilitators of The Healing Retreat for Survivors of Child Sexual Trauma (The Retreat) have all been vaccinated and have put in place the following preventative measures to reduce and prevent the spread of COVID-19 during the retreat:

- Requiring all retreat participants and facilitators to show a copy of a negative COVID test within 3 days before arriving at the retreat. After being tested, requesting that participants use maximum precautions to prevent exposure to COVID before arriving at the retreat including following current CDC guidelines for wearing masks, hand washing, etc.
- Hosting the retreat entirely outdoors with the possibility of maintaining appropriate physical distancing at most if not all times.
- Upon arrival at the retreat, screening all participants for COVID symptoms.
- Requiring masks when gathering in communal outdoor spaces where physical distancing is not possible.
- Taking everyone's temperature upon arrival and each morning at the retreat.
- Using extra precautions for food preparation and serving.
- Providing dish washing and hand washing and sanitizing stations.

Health Screening:

	Yes	No
Have you or any member of your household had contact with anyone who has tested positive for COVID-19 in the last 14 days?		
Do you currently have symptoms of COVID-19? (dry cough, shortness of breath, difficulty breathing)		
Do you have at least 2 of the following symptoms? <input type="checkbox"/> Diarrhea <input type="checkbox"/> Nausea <input type="checkbox"/> Fatigue <input type="checkbox"/> Sore Throat <input type="checkbox"/> Muscle/joint aches <input type="checkbox"/> Fever/Chills <input type="checkbox"/> Chills <input type="checkbox"/> Dermatological changes <input type="checkbox"/> Headache <input type="checkbox"/> Diminished sense of taste or smell		

Despite best efforts, however, we cannot guarantee that you will not become infected with COVID-19 from exposure at the Retreat and we acknowledge that your participation could increase your risk of contracting COVID-19.

By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you may be exposed to or infected by COVID-19 by attending the Retreat and that such exposure or infection may result in personal injury, illness, permanent disability, and death.



**Assumption of Risk**

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with attending the Retreat. On my behalf, and on behalf of my heirs and assigns, I hereby release, covenant not to sue, discharge, and hold harmless the Retreat facilitators and Sacred Groves from all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to exposure to or infection with COVID-19. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Retreat facilitators or Sacred Groves, whether a COVID-19 infection occurs before, during, or after the Retreat.

**Consent for Contact Tracing**

I agree to contact the Retreat facilitators if I test positive for COVID-19 before or within 14 days after my attendance at the Retreat. I also understand the Retreat facilitators will contact me in addition to providing my contact info to applicable health departments for contact tracing should anyone at the Retreat test positive for COVID-19 within a 14-day period after the Retreat. I also agree to provide contact info of the Retreat facilitators if I have a positive test for COVID-19 within 14 days after attending the Retreat.

Signature of Retreat Participant: \_\_\_\_\_

Print Name of Retreat Participant: \_\_\_\_\_ Date: \_\_\_\_\_