

**THIS FORM IS TO BE COMPLETED ONLY ON THE MORNING OF THE DAY  
THAT A SCOUT OR LEADER IS LEAVING FOR CAMP AND BEFORE YOU JOIN UP WITH YOUR TROOP**

**Each Scout and Leader will need to submit the following at the camp check-in station before any entry into main camp area.**

1. The BSA Annual Health and Medical Record, Parts A, B, and C, signed by a physician in this calendar year. If you are the category in which a COVID vaccine is required, you must attach a copy of your "COVID card."
2. This Final Home Screening Before Leaving for Camp form, signed by the Adult Leader or by parent and Scout.
3. The Assumption of the Risk, Release, and Waiver of Liability Relating to COVID-19 form, signed by required parties

**PART ONE**

# Final Home Screening Before Leaving for Camp

Scout or Leader's Name \_\_\_\_\_ Troop Number \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_ Participant's Age \_\_\_\_\_

Yes     No    Have you been in contact with anyone who presently has COVID-19, or is presently under self-quarantine due to exposure to COVID-19, experiencing symptoms, or is otherwise ill with an as-of-yet undetermined diagnosis?

**If the answer to this question above is "yes," you may not attend camp.**

	IN THE PAST 14 DAYS	IN THE PAST 24 HOURS
Have you had a dry cough?	<input type="checkbox"/> Yes Date of symptom _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shortness of breath or wheezing or difficulty breathing?	<input type="checkbox"/> Yes Date of symptom _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a fever?	<input type="checkbox"/> Yes Date of symptom _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had chills?	<input type="checkbox"/> Yes Date of symptom _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had muscle pain not due to exercise or activity?	<input type="checkbox"/> Yes Date of symptom _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a sore throat?	<input type="checkbox"/> Yes Date of symptom _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had new loss of taste or smell?	<input type="checkbox"/> Yes Date of symptom _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had vomiting?	<input type="checkbox"/> Yes Date of symptom _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had diarrhea?	<input type="checkbox"/> Yes Date of symptom _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a persistent headache?	<input type="checkbox"/> Yes Date of symptom _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you answered yes to any three of the above symptom in the past two weeks, or any two symptoms within the past 24 hours, you must stay home unless and until you can present documentation of a negative COVID-19 test.**

**SIGNATURES**

*I acknowledge that I did receive a copy of the bulletin entitled 2021 COVID-19 Policies for Scouts and Parents, have read it, and fully understand the policies and restrictions therein. I also acknowledge that the information on this form is true and accurate.*

If you are a Leader and this is your form, sign below

Leader \_\_\_\_\_

Date \_\_\_\_\_

If you are a Scout and this is your form, you and a parent or guardian sign below.

Scout \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**RECORD YOUR PRESENT  
TEMPERATURE HERE**



# Assumption of the Risk, Release, and Waiver of Liability Relating to COVID-19

For purposes of this Assumption of the Risk, Release and Waiver of Liability, "COVID-19" means the novel coronavirus identified as SARS-CoV-2, the disease caused by the novel coronavirus SARS-CoV-2, and conditions associated with the disease.

- A. On behalf of myself and my heirs, executors and assigns, I understand, acknowledge and agree as follows:
- (1) COVID-19 has been declared a worldwide pandemic by the World Health Organization; and COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact;
  - (2) A State of Disaster Emergency was declared for the State of Missouri on March 27, 2020, with subsequent orders or amendments thereto;
  - (3) Federal, state and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people, among other preventative measures;
  - (4) The Pony Express Council BSA (the "Council") has implemented preventative measures to reduce the spread of COVID-19; however, the Council cannot guarantee that any youth or adult camper, staff member or visitor (a "Patron") will not become infected with COVID-19, and there are risks inherent in entering the Council's facilities, including the Rozitsky Service Center in St. Joseph, Missouri and Camp Geiger in Andrew County, Missouri (collective, the "Premises"), or participating in the Council's Scouting events and activities, including, without limitation, camping, camporees, merit badge classes and other Council-related or Council-sponsored activities;
  - (5) Entry into or upon the Premises, and participation in any events or activities thereon or elsewhere, could increase the risk of contracting COVID-19 for myself and those I with whom I come in close contact; and
  - (6) The risk of becoming exposed to or infected by COVID-19 at or upon the Premises or at other Scouting events and activities may result from the actions, omissions or negligence of myself and/or others, including, but not limited to, Council employees, directors, officers, agents, representatives, Patrons and any others present on the Premises or at such other Scouting events and activities.
  - (7) When I enter into or upon the Premises or attend other Scouting events or activities, I am doing so voluntarily, for purposes of participating in Scouting events or activities for my personal benefit; the value of such benefit, together with the Council allowing me to participate in such events and activities and to enter into and upon the Premises, is sufficient consideration for my voluntary execution of, and compliance with, this Assumption of the Risk and Waiver of Liability;
  - (8) I voluntarily and knowingly assume the risk that I may be exposed to or infected by COVID-19 by entering into or upon the Premises or otherwise attending Scouting events or activities, and that such exposure or infection may result in personal injury, illness, permanent disability and death;
  - (9) I voluntarily agree (i) to assume all the risks described in this Assumption of the Risk and Waiver of Liability or otherwise relating to COVID-19, and (ii) to accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability and death), illness, damage, loss, claim, demand, actions, causes of action, liability or expense, of any kind (including, without limitation, attorneys' fees, court costs and amounts paid in settlement), that I may have, experience or incur, now or in the future, in connection with or arising out of COVID-19 or my presence on the Premises or at other Scouting events or activities, or benefits received by me, on the Premises or from the Council ("Claims");
  - (10) I acknowledge and agree that the Council cannot and does not accept any (and expressly disclaims all) responsibility for my safety and well-being while I am on the Premises or otherwise engaged in any Scouting event or activity;
  - (11) I release, covenant not to sue, discharge and shall hold harmless the Council, its employees, directors, officers, agents and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto; without limiting the generality of the foregoing;



(a) I agree that I will not file a civil action against the Council or any of its employees, directors, officers, agents or representatives alleging injury from exposure to COVID-19 if I: (i) have not been diagnosed with COVID-19 and allege only exposure or potential exposure to COVID-19; (ii) have not been diagnosed with COVID-19 and have not experienced symptoms consistent with COVID-19 resulting in illness or death; (iii) was diagnosed with COVID-19 when I was asymptomatic; or (iv) was diagnosed with COVID-19 when I did not experience symptoms that required inpatient hospitalization or resulted in illness or death;

(b) I agree that neither the Council nor any of its employees, directors, officers, agents or representatives shall be held liable to me for civil damages for any injuries I sustain from exposure or potential exposure to COVID-19 if the Council's conduct was substantially consistent with a federal or state statute, regulation, Executive Order, or written guidance related to COVID-19 issued by the Centers for Disease Control and Prevention, the Occupational Safety & Health Administration of the United States Department of Labor, the Missouri Department of Health, the Andrew County Health Department, or other state or county agency, which guidance is applicable to the Council or me at the time of the alleged exposure;

(c) I shall have no right or remedy against the Council or any of its employees, directors, officers, agents or representatives for direct, indirect, incidental, consequential or special damages, including, without limitation, liability to third parties or any cause, loss, action, claim or damage whatsoever for injury or death or for any other consequential, economic or incidental loss arising out of or related in any way to my exposure or potential exposure to COVID-19, regardless of whether the Council or any of its employees, directors, officers, agents or representatives has been advised of the possibility of such cause, loss, action, claim or damage; and

(d) I acknowledge that I have read this Assumption of the Risk and Waiver of Liability and understand it, I have had the opportunity to consult with legal counsel concerning it, and that by signing below I voluntarily surrender certain legal rights.

(11) The foregoing release, covenant not to sue, discharge and hold harmless agreement includes any Claims based on the actions, omissions or negligence of the Council, its employees, directors, officers, agents and representatives, whether a COVID-19 infection occurs before, during, or after my presence on the Premises or other visit to the Council or involvement in any Scouting activity or event.

B. This Assumption of the Risk and Waiver of Liability may be delivered by the executing party by facsimile, portable document format (.PDF), electronic signature or any other electronic transmission and shall be deemed to be an original signature hereto and shall have the same force and effect as the use of manual signatures.

C. This Assumption of the Risk and Waiver of Liability shall remain in full force and effect until three years after the World Health Organization declares a completion of the worldwide pandemic related to COVID-19.

*Signature Page to Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19*

Name of Scout, Scouter or other  
Patron \_\_\_\_\_

If you are a **parent** or **guardian of a Scout, sign here.** If you are a **Leader** and this is **your** form, **sign here.** \_\_\_\_\_

**Printed Name** of Parent or Guardian  
if You Signed Above \_\_\_\_\_

Date \_\_\_\_\_



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PONY EXPRESS COUNCIL