



## Covid-19 Waiver

*Please complete and return this form with your registration.*

Student's Name \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Assumption of Risk**

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 physical distancing and have, in many locations, prohibited the congregation of groups and people. Canada/USA Mathcamp has put in place preventative measures to reduce the spread of Covid-19; however, Mathcamp cannot guarantee that you/your child, or any other person, will not become infected with Covid-19. Further, attending Mathcamp could increase your/your child's risk of contracting Covid-19.

By signing this agreement, I acknowledge the contagious nature of Covid-19 and voluntarily assume the risk that I/my child or children may be exposed to or infected by Covid-19 by attending Mathcamp and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by Covid-19 at Mathcamp may result from the actions, omissions, or negligence of myself and others, including but not limited to Mathcamp employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself/my child including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense or any kind, that I/my child may experience or incur in connection with my/my child's attendance in Mathcamp.

I release, hold harmless, and agree not to sue Mathcamp, the Mathematics Foundation of America (MFOA), and their officers, employees, volunteers, and any agents from and against all liability, claims, damages, losses, and expenses and demands, including court costs and attorney's fees and expenses, arising out of or related to any loss, damage, and/or injury, including death, that may be sustained by me/my child.

I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Mathcamp, its employees, agents and representatives, whether a Covid-19 infection occurs before, during, or after participation in Mathcamp.



## Signatures

**Parent/Guardian:** By signing below, I acknowledge that I have read, understood, and agree to the terms outlined above, and that I fully understand the risks associated with participation in Mathcamp, and the consequences of signing this Agreement/Waiver. I knowingly, freely, and willingly give my child permission to participate.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Student:** By signing below, I acknowledge that I have read, understood, and agree to the terms outlined above, and that I fully understand the risks associated with participation in Mathcamp, and the consequences of signing this Agreement/Waiver. I knowingly, freely, and willingly agree to participate.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date