



Camp/Showcase Screening Questions

This guidance is intended for screening of camp and showcase participants to the start of the event. It is not intended for people of confirmed or suspected COVID-19. Individuals with confirmed or suspected COVID-19 shall not attend an ETBU camp or showcase event.

Participant:

FIRST NAME: _____ LAST NAME: _____

Questions for participants participating in an ETBU camp or showcase event:

- | | | |
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| 1. Are you currently free from illness? | Yes | No |
| 2. Have you had a fever within the past 24 hours? | Yes | No |
| 3. Have you or anyone in your household experienced any signs or symptoms of COVID-19 including fever, shortness of breath, cough, chills, or excessive fatigue in the past 14 days? | Yes | No |
| 4. Have you or anyone in your household been diagnosed with a case of documented COVID-19 infection? | Yes | No |

**If the answer is "yes" to questions 2-4, the participant shall not be allowed to take part in the event, until they have a doctor's note clearing them for all activity.*

**If during a multiple day ETBU event, if any of your answers change from "no" to "yes" on questions 2-4, you are to remove yourself immediately from the event. ETBU staff has the right to remove anybody from the event that they believe is sick.*

Liability Release Form

I (We), the undersigned parent(s)/guardian(s) of said participant, fully understand that there are risks involved in my (our) child's participation in the said event. I (we) represent that my (our) child voluntarily desires to participate in activity; and that I (we) am (are) duly aware of the risks and hazards that may arise through participation in activity. In consideration for my (our) child's participation in said event, the undersigned hereby voluntarily assumes all risks of accident or damage to person or property and risks of liability. The undersigned does further agree to indemnify and hold harmless this event, East Texas Baptist University, its trustees, both corporately and individually, its officers, employees, agents, and representatives, and agrees that such person/entities will not be liable for any claims or demands for loss, cost, injury, viral or bacterial infection, COVID-19/coronavirus pandemic, other pandemics, or damage whatsoever associated with child's attending and/or participating in any and all activities or from my (our) child's improper use of equipment, technique, or failure to follow safety rules and instructions. The undersigned, by signing this release, hereby certifies that the undersigned has read and fully understands the conditions herein provided and that he/she signs this agreement voluntarily and without reliance upon any promise or representation which is not contained in the agreement. I (We) give authorization to the athletic training staff or designated entity to evaluate our (my) child and treat any injuries that occur during said activity. This includes immediate first aid and treatment, referral to hospital or physician consultation, and/or emergency services

I (We) hereby grant the athletic training staff or designated entity to secure medical services that are in the best interest of my (our) child.

Participant Signature

Date