



Howell Nature Center

1005 Triangle Lake Rd. Howell, MI 48843 • Office # 517-546-0249 Fax # 517-546-1677 • www.howellnaturecenter.org

Special COVID-19 Agreement and Waiver of Liability for MINORS

Group/School/Camp Name _____ Today's Date _____

Name _____ Age _____ DOB _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's Names _____

Home # _____ Work # _____ Cell # _____

Email Address _____

Howell Nature Center ("HNC") will be taking additional precautions to protect the health of its staff and campers this summer due to the COVID-19 pandemic. By signing below, I understand and acknowledge that I have received and reviewed a copy of HNC's COVID-19 Preparedness and Response Plan - Interim Health and Safety Procedures and Policies, and, to the extent that said Procedures and Policies apply to my child or myself, I understand and agree that we are to follow all the stated Procedures and Policies as stated and as further directed by HNC staff. I understand and agree that neither my child nor anyone from my household will come to HNC's premises if they are showing new or worsening symptoms of COVID-19, have come in close proximity to an individual who has a confirmed or suspected diagnosis of COVID-19 within the past 14 days, or as otherwise set forth in HNC's Procedures and Policies.

In addition, I understand and agree that children participating in HNC's activities may be in close proximity to other children and staff. While HNC will be taking additional precautions, including additional cleaning and hygiene measures and limiting group interactions, my child will still be exposed to the risk of contracting COVID-19 or other contagious illness while at HNC.

I, as parent/legal guardian for the child identified above, and for myself, agree to hold the Howell Nature Center, its sponsors, agents, representatives, board members, employees, volunteers, contractors and suppliers harmless for any and all damages which my child might sustain and suffer in connection with my child's participation in the programs and activities at HNC, including any and all claims related to my child, myself, or any member of my household contracting COVID-19, and any loss, bodily injury, or damages associated with it. I understand that by signing this Agreement and Waiver I, for myself and for my child, to the maximum extent allowed by law, surrender the right to make a claim or file a lawsuit against a released part, for personal injury or illness, and even death.

The HNC has my permission to secure emergency care for my child if necessary. I accept full responsibility for the cost of any treatment for any illness or injury suffered while participating in any activity or program at HNC.

If any part of this Agreement is found by a court of competent jurisdiction to be invalid, the remainder of this Agreement will nevertheless remain in full force and effect. This Agreement does not supersede, circumvent, cancel or alter any other participation agreement or general waiver, but to the extent the terms can be read consistently with it, works in conjunction with and as supplement to that waiver.

PARTICIPANT SIGNATURE _____

DATE _____

IF PARTICIPANT IS UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF BOTH PARENTS IS REQUESTED IN ADDITION TO PARTICIPANT'S SIGNATURE.

PARENT/GUARDIAN SIGNATURE IF MINOR IS UNDER EIGHTEEN (18) YEARS OF AGE _____

DATE _____

PARENT/GUARDIAN SIGNATURE IF MINOR IS UNDER EIGHTEEN (18) YEARS OF AGE _____

DATE _____