



etc Health Declaration Form - COVID-19

Required to be submitted for each Participant 48hours prior to arriving at ETC River camp

I, _____, hereby certify, represent and warrant as follows:
(Participants full name)

- a. Within the last Fourteen (14) days have you tested positive or presumptively positive with the Coronavirus or been identified as a potential carrier of the COVID-19 (“Coronavirus”) NO [] YES []
b. Within the last Fourteen (14) days have you or anyone in your household experienced any symptoms commonly associated with the Coronavirus such as Fever, chills shortness of breath, head ache, sore throat, loss of smell, muscle pain NO [] YES []
c. Within the last Fourteen (14) days have you been in any location positively designated as hazardous and/or potentially infected with the Coronavirus by a recognized health or regulatory authority NO [] YES []
d. To your knowledge, in the last 14 days have you been in direct contact with or in the immediate vicinity of any person that, at the time of your close interaction, was carrying the Coronavirus or identified as a likely carrier of the Coronavirus NO [] YES []

If you have answered YES to any of the above questions please provide additional information:

Three horizontal lines for providing additional information.

I AGREE to notify ETC (by email or phone) of any change in status, including diagnosis with Coronavirus and/or quarantine, within thirty (30) days either before or following an ETC trip.

I WILL, if asked, wear a mask and will take all reasonable prophylactic steps that may be recommended by ETC Trip leaders and Guides.

I WILL consent to having my temperature taken by any representative of ETC upon arrival at camp and as required throughout the trip, and will provide any follow up information reasonably requested by ETC.

I ACKNOWLEDGE and ACCEPT that this Declaration will be considered as my consent to ETC to disclose, share, record and store this Declaration with any relevant authority or service provider for the purposes of ensuring the safety and security of any and all third parties that may come in contact with me prior, during, and after any ETC trip.

In the previous Fourteen (14) days prior to the trip date, I have NOT visited any of the countries, states or regions that have a CDC Level 3 Travel Health Notice or travel to which is restricted subject to US President’s proclamation.

I AFFIRM that all the above statements apply equally to the following minors under the age of 18 travelling (either with me or with my consent) on any ETC trip and who are in my custody or care, if any (please attach an additional page as needed):

Name/Surname: _____ Name/Surname: _____

If any above statement is not wholly true, please provide a full explanation here:

Two horizontal lines for providing a full explanation if any statement is not wholly true.

In signing below, I, an individual over the age of 18 of sound mind, knowingly, voluntarily, and freely agree to the terms of this binding Declaration, and in doing so represent the truthfulness and veracity of the above answers.

(Signature)

(Date)