

University of Denver Camper Requirements:

Covid Waiver / Emergency Contact Info

- 1) Please fill out the below PDFs (scroll down)
- 2) Save the PDF Document with your daughters First and Last Name

Example: **FIRST_LAST_DU Covid Forms.PDF**

- 3) Place the form in the Dropbox:
<https://www.dropbox.com/request/UvyFglOhjiUxGc8VT7ll>

The University is REQUIRING – PROOF of VACCINATION (OR) NEGATIVE COVID TEST at all camp events this summer. This is a requirement for our camp to use the Universities facility.

Proof that the individual is fully vaccinated against COVID-19.

Fully vaccinated means:

- o Primary dose(s) + booster for age 12+
- o Primary doses for age 5-11

OR

Proof of a Negative COVID-19 PCR or laboratory antigen test record with the individual's name, date visible taken, no earlier than seventy-two (72) hours prior to the first day of camp.

Proof Of Vaccination Option (Submit by July 11th)

- 1) Save as a PDF or JPEG or JPG (PROOF of VACCINATION)
- 2) Save the Document with your daughters First and Last Name

Example: **FIRST_LAST_VAX.PDF**

- 3) Place the document in the Dropbox:
<https://www.dropbox.com/request/UvyFglOhjiUxGc8VT7ll>

Negative Covid Test Result Option (72 Hours Prior to Arrival)

- 1) Create an account with CrowdPass to upload your test results
- 2) CrowdPass: <https://tinyurl.com/58pekksv>
- 3) Select "Complete the Health Form".
- 4) Fill out the survey and either upload proof of vaccination or a negative test result.
Negative test submissions will only be accepted within 72-hours prior to campus arrival.
Any earlier test dates and/or rapid test results will be denied.
- 5) You will receive email confirmation on your status within 24 hours. If access is denied, please check that your negative test fits within the time requirements. If your records align with the University of Denver requirements, please reach out to your conference contact for more information.

On-Site Testing Requirement

- 1) All campers and staff will be tested by the University
- 2) Testing is free

The full DU Covid-19 policy for camps can be found on at the end of this PDF.

Coronavirus/COVID-19 Assumption of the Risk, Waiver of Liability, Authorization and Consent

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. The University of Denver and _____ have put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, participation in summer camp programs could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

___ INITIALS By signing this document, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and/or my child may be exposed to or infected by COVID-19 by participation; 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 the University of Denver and _____ Camps.

___ INITIALS I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my child(ren) including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at the University of Denver and _____ Camps. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the University of Denver, its employees, 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. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the University of Denver, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at the University of Denver and _____ Camp.

___ INITIALS By signing this document, I agree that if I am and/or if my child(ren) are exposed or infected by COVID-19 during my/their participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

___ INITIALS I agree that to the best of their ability my child(ren) will follow all camp safety guidelines laid out by the University of Denver and _____ and will attempt to practice safe social distancing and clean hygiene at all times during their participation at the University of Denver and _____ Camps. Failure to comply with provided safety guidelines may result in your child(ren)'s expulsion from camp.

___ INITIALS I agree to provide contact information for two authorized adults who can arrive on campus as soon as possible within twenty four (24) hours of being notified that my child(ren) has/have tested positive for COVID-19. I authorized those named individuals to pick up my child(ren) from the camp and to remain overnight with my child(ren) if necessary for quarantine or isolation as required by the applicable public health agency.

___ INITIALS I acknowledge that, to reduce the spread of COVID-19 and identify cases of COVID-19, as a condition for my child(ren) to participate in _____ Camp at the University of Denver, I will sign the applicable consent agreement(s) for COVID-19 PCR testing at the University of Denver. If I do not sign the consent agreement(s), I understand that my child(ren) will not be permitted to participate in _____ Camp at the University of Denver.

Child / Camper Name(s) _____

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____ Date _____

Emergency Contact and Consent Form

CONTACT INFORMATION

Camper Name: _____ Date Of Birth: _____
First MI Last

Parent/Guardian 1: _____ E-mail: _____
First Last

Address:

Street _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Parent/Guardian 2: _____ E-mail: _____
First Last

Address:

Street _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

You must provide contact information for two (2) adults who can arrive on campus as soon as possible within twenty-four (24) hours of being notified in case of an emergency involving your child or your child testing positive for COVID-19.

By signing this form, I give consent to the University of Denver and the camp my child is attending to contact these individuals and to release my child to these individuals if I cannot be reached and/or I cannot arrive on campus within twenty-four (24) hours of being contacted.

Emergency Contact Name: _____ Relationship to child: _____
First Last

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact Name: _____ Relationship to child: _____
First Last

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Is there someone who should, by court order, NOT be allowed to pick up this child?

Name: _____

Description: _____

CHILD MEDICAL INFORMATION

PLEASE PRINT CLEARLY.

In case of serious illness or injury and if you cannot be reached, will you allow your child to be transported to the doctor or hospital?

Yes

No

Allergies: _____

Medications: _____

Frequency: _____

Other: _____

Physician: _____

Phone: _____

Address: _____

Health Insurance Company: _____ Policy #: _____

CONSENT FOR TREATMENT

The information on this form will be used in emergency situations. If at any time due to circumstances such as accident, sudden illness, or emergency, and medical treatment is required for my child, this form will be given to the necessary personnel including private physician, hospital, or medical personnel. I hereby give permission to the University of Denver and the camp my child is attending to secure emergency medical treatment for my child. I agree to be financially responsible for all expenses of such care.

Signature of Parent or Guardian

Date



Registration for COVID-19 Surveillance Testing

The information provided below will be used to identify your child’s record which will be stored in the University of Denver Health & Counseling Center HIPAA-compliant database and reported to the state with test results as required by law.

Child’s First Name	Child’s Last Name	Child’s Date of Birth
Parent/Guardian Email Address		Parent/Guardian Mobile Phone
Child’s Biological Sex Male Female Other		
Local Address		
City	State	Zip Code

Please carefully read and sign the following informed consent:

- I authorize the COVID-19 testing unit to conduct collection and testing of COVID-19 on my child through a self-collected salivary sample.
- I understand that my child’s personal information and sample are to be analyzed by a lab on campus and my child’s results will be disclosed to the University, county, state or any other government entity as required by law.
- I understand this consent is for testing only and the testing unit is not acting as my child’s medical provider. This test does not replace treatment by my child’s medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child’s test results. Although the testing unit is not my child’s medical provider, I understand that the testing unit follows the Health and Counseling Centers Notice of Privacy Practices for confidentiality of health records, which is available [here](#).
- I acknowledge that a positive test results is an indication that my child must self-isolate as directed in the effort to avoid infecting others.
- I agree to seek medical advice, care and treatment from my child’s medical provider if I have questions or concerns.
- I understand that as with any medical test, there is the potential for false positive or a false negative.

By signing this registration process for COVID-19 testing, I acknowledge that I have been informed about the test purpose, procedures, possible benefits and risks. I have been given the opportunity to ask questions before I sign and I have been told I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19 for my child.

Printed name of parent/guardian

Signature of parent/guardian

Date

Printed name of child

EXHIBIT D: COVID-19 ADDENDUM (CAMPS)

To mitigate the spread of COVID-19, the following requirements described in this addendum are incorporated into these Terms and Conditions. All Users, User's employees staffing the camp, campers, and guests must comply with these requirements. By agreeing to hold or attend a camp on the University of Denver campus, User agrees to comply with, and to require User's employees, campers, and guests to comply with the following requirements:

Pre-Arrival

- All conference attendees and User's employees staffing the Event must provide:
- 1) Proof that the individual is fully vaccinated against COVID-19. Fully vaccinated means:
 - Primary dose(s) + booster for age 12+
 - Primary doses for age 5-11

OR

- 2) Proof of a negative COVID-19 PCR or laboratory antigen test record with the individual's name date visible taken no earlier than seventy-two (72) hours prior to check-in on campus.
- Prior to arrival on campus, **all minors attending a residential camp must provide contact information for two (2) authorized adults who can arrive on campus as soon as possible within twenty-four (24) hours of being notified that the minor camper has tested positive for COVID-19**
 - Campers who receive a positive test result while attending camp will be removed from camp and isolated until an authorized adult arrives to pick up the camper.
- For all camps, a parent or guardian of each camper must read and sign the attached Coronavirus/COVID-19 Assumption of the Risk, Waiver of Liability and Authorization.

Camp attendees must bring multiple masks/face coverings to wear for the duration of camp in the event is needed due to changing conditions on campus.

Check-in:

- User must collect sufficient contact information from each camp attendee, including but not limited to camper's cell phone number (and parent/guardian's cell phone number for campers under age 18), email address, and authorized adult's local address during the camp, to facilitate contact tracing during and after the camp.
- Before leaving, parents/guardians must wait until camp staff has notified them that the check-in process for their camper is successfully completed.

Staffing Requirements:

- User must maintain a ratio of one (1) adult chaperone to ten (10) campers at all times.
- User must identify substitute chaperones in the event that a chaperone must isolate.

Cleaning & Disinfecting:

- The University will regularly clean and disinfect commonly touched surfaces, equipment, and vehicles daily consistent with the University's [COVID-19 Protocols for Cleaning and Disinfection](#).

- The University will disinfect all common spaces nightly.

Campus Interactions:

- Camp attendees and User's employees staffing the camp must follow all applicable [University COVID-19 protocols](#). If the applicable University COVID-19 protocol differs from the requirements set forth in this Addendum, then conference attendees and Users employees staffing the Event must follow the applicable University COVID-19 protocol.
- Groups should limit the use of shared equipment. If groups must share equipment, all shared items must be sanitized between usage and at the beginning and end of each day.

Testing, Contact Tracing, Quarantine & Isolation:

- For residential camps, each camper and User's employees staffing the camp must undergo a COVID-19 PCR test at check-in on the day of the event. Campers and User's employees staffing the camp will undergo additional COVID-19 PCR testing every 5 to 7 days and/or if the individual has symptoms of COVID-19.
 - For campers under age 18, parents/guardians must sign applicable consent agreements for such testing or the camper will not be permitted to participate in the camp.
- Camp staff and User's employees staffing the camp will be tested once every two weeks.
- If a camper is exhibiting symptoms of COVID-19, the camper must undergo COVID-19 PCR testing.
- If an individual receives a positive result from a COVID-19 test, the individual must isolate. User must contact the parent/guardian of the individual who tested positive to pick the child up, or to have an authorized adult pick the child up, as soon as possible within twenty-four (24) hours of notification. If the camp attendee is not from the local area, the camper who tested positive and parent/guardian or authorized adult may isolate in University Lofts apartments at no additional cost. The parent/guardian or authorized adult will be responsible for making arrangements for meals and for the cost of all meals.
- All camp attendees must fully cooperate with contact tracing efforts.
- University will charge User a minimum of \$25 per attendee/User's employee per week for testing services.

Post-Camp:

- Any camp attendees or User's employees staffing the camp who receive a positive result from a COVID-19 test within two (2) weeks after leaving campus must report the information to the User for contact tracing purposes.

Camp Cancellation/Discontinuation:

- The University will discontinue or cancel a camp under the following circumstances:
 - A lack of ability to isolate new positive cases
 - Campus-wide or local community positivity rates that are considered unsafe by local public health officials.

- Inability to perform adequate contact tracing consistent with governmental requirements or recommendations.
- Local public health officials state that there is an inability for the hospital infrastructure to accommodate a surge in COVID-19 related hospitalizations.