



**BLUE GRASS COUNCIL
COVID-19 SCREENING, PARTICIPATION AND WAIVER FORM**



The Blue Grass Council of Boy Scouts of America is hosting an event and wants to do everything possible to ensure the health of all participants in this Covid-19 Emergency to prevent communicable disease. Participants will participate in several activities that involve some degree of risk of infection, injury or even death. Participants agree to strictly abide by all rules, instructions and standards of conduct. Participation in these events is purely voluntary. By signing this Agreement, you acknowledge and accept these risks and you agree to your child's participation.

BEFORE COMING TO THIS EVENT, Scouts and Parents must complete a Pre-Event Medical Screening and complete this form. UPON ARRIVAL AT THIS EVENT, the Medical Screening will be repeated.

Covid VACCINE inoculation. Date:

YES NO Questions Before Leaving for Event

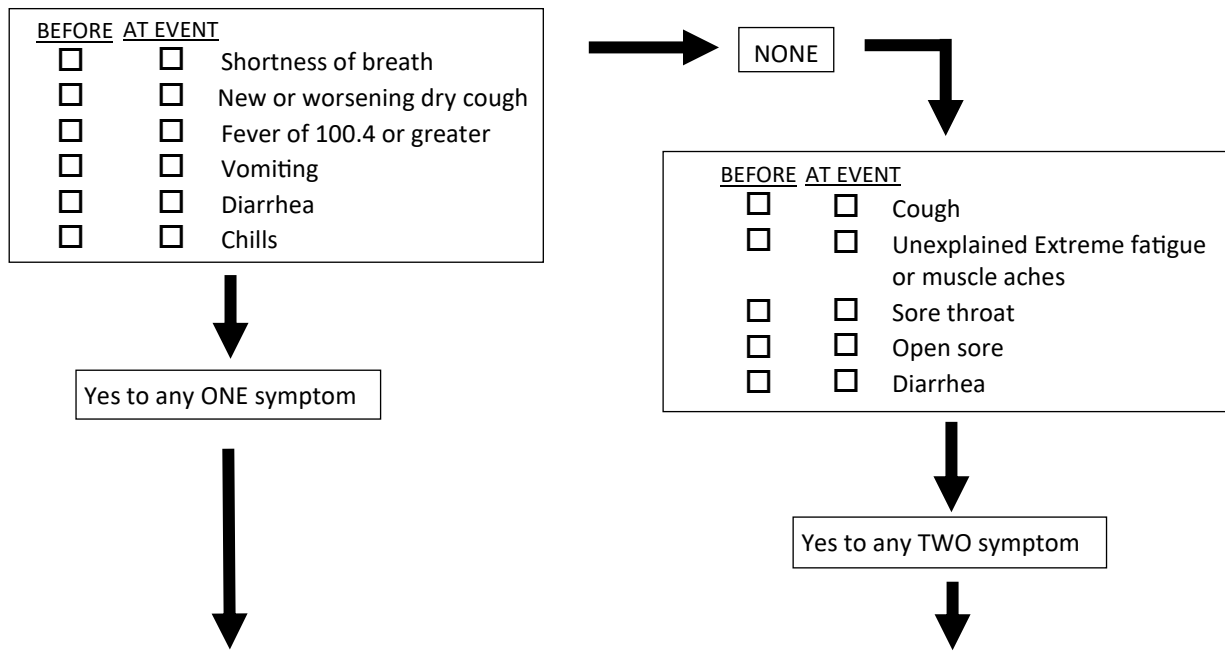
- Have you been in contact with anyone who has COVID-19 or is otherwise sick?
- Have you or anyone you have been in close contact with traveled on a cruise ship, internationally, or to any area with a known communicable disease outbreak in the last 14 day?

*****If the answer is "yes" to either of these questions, the participant must stay home.*****

- Are you in a higher-risk category as defined by the CDC guidelines?

If the answer is "yes" to this question, we recommend that you stay home. Should you choose to participate, you must have approval from your healthcare provider and then proceed to the symptom decision diagram below.

When leaving for event and registering at event answer the following:



THE PARTICIPANT MUST STAY/RETURN HOME
These symptoms are associated with communicable diseases and the participant MUST stay/return home until medically cleared by their health care provider.

I have carefully considered the risks involved and am giving consent for my child to participate. I agree to hold harmless, and will indemnify the Blue Grass Council of Boy Scouts of America and all employees, volunteers, chartering organizations, and sponsoring organizations from any and all claims or liability, loss or damages arising out of my and/or my child's participation or injury to themselves or others.

I give my child, _____ (Name of Scout), permission to participate in the program.

Parent/Guardian signature _____ Date _____

Parent/Guardian legibly printed name _____

Address _____ City _____ State KY ZIP _____

Phone _____ Email _____