

GSHH COVID-19 Waiver of Liability

I acknowledge the contagious nature of the Coronavirus/Covid-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Girl Scouts Heart of the Hudson (GSHH) has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I understand that GSHH cannot guarantee that the members of my household listed below will not become infected with the Coronavirus/COVID-19. I acknowledge that the risk to the members of my household listed below of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, GSHH staff, visitors, and their families.

I voluntarily seek services provided by GSHH for the members of my household listed below, and acknowledge that these members may be increasing their/our risk of exposure to the Coronavirus/COVID-19. I acknowledge that the members of the household listed below must comply with all set procedures adopted by the Council in an effort to reduce the likelihood of exposure and/or spread of Coronavirus/COVID-19 while onsite. I accept that these procedures require that I notify the GSHH Emergency Line at 845-558-9436 if I or any member of my household listed below receives a positive Covid-19 test result, and my identity will be kept confidential.

I hereby release and agree to hold GSHH harmless from, and waive on behalf of myself, members of the household listed below, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the Council, or that may otherwise arise in any way in connection with any services provided by GSHH. I understand that this release discharges GSHH from any liability or claim that I, the below household members, my heirs, or any personal representatives may have against GSHH with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from GSHH. This liability waiver and release extends to GSHH together with all owners, partners, and employees.

My name (printed): _____ Date: _____

My name (signature) _____ Phone: _____

Household Address: _____

Printed names and signatures of other adults who will participate in in-person Girl Scout activities:

Names of minors in the household who will participate in in-person Girl Scout activities:

