



We are grateful for your partnership with us to provide a safe and healthy camp environment at Whisper Mountain Youth Camp.

Each individual guest coming to Whisper Mountain will be required to submit this completed form upon check-in.

(All guest types will be referred to as "campers" in this form.)

CAMPER FULL NAME: _____

CAMPER AGE: ☐ Child (Under 10) ☐ Student (10-18) ☐ Adult (19 Up)

CAMPER TYPE: ☐ Adult Volunteer ☐ Student Volunteer ☐ Group Participant ☐ Seasonal Staff/Volunteer

EMERGENCY CONTACT INFORMATION:

• **Name:** _____ **Relationship:** _____ **Phone (____)** _____

• **Name:** _____ **Relationship:** _____ **Phone (____)** _____

Arriving healthy to Whisper Mountain is essential to all our guests and staff.

Prior to arrival at Whisper Mountain please complete each step listed on this form. Please be prepared to submit this form at arrival.

CONTACT HISTORY (Check Yes or No)

1. Have you had close contact (within 6 feet for at least 15 minutes) in the 14 days prior to camp arrival with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?
☐ Yes ☐ No
2. Has anyone in your household been sick in the 14 days prior to camp arrival?
☐ Yes ☐ No
3. Have you traveled by air or traveled out of state in the 14 days prior to camp?
☐ Yes ☐ No
4. Have you followed the State's guidelines in regards to COVID-19?
☐ Yes ☐ No

14
DAYS

DAILY TEMPERATURE CHECK:

As part of your partnership with us, for fourteen days prior to arrival at Whisper Mountain, campers **must take and record** their temperature. For your convenience, we've provided spaces below, and recommend you check and record camper's temperature at the same time each day.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE
DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14
TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE

✓ **CAMPER HAS BEEN FEVER-FREE FOR THE PAST 14 DAYS**

INITIAL HERE

OVER >

SYMPTOMS IN THE LAST TWO WEEKS WITHOUT OBVIOUS CAUSE

Check any that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> FEVER (above 100.4°F) | <input type="checkbox"/> FATIGUE | <input type="checkbox"/> SORE THROAT |
| <input type="checkbox"/> COUGH | <input type="checkbox"/> NAUSEA/VOMITING | <input type="checkbox"/> CHANGE IN TASTE OR SMELL |
| <input type="checkbox"/> SHORTNESS OF BREATH | <input type="checkbox"/> DIARRHEA | <input type="checkbox"/> CHANGE IN APPETITE |
| <input type="checkbox"/> BODY ACHES | <input type="checkbox"/> CHILLS | |

☒ **CAMPER HAS BEEN SYMPTOM FREE FOR THE PAST 14 DAYS**

INITIAL HERE

PRE-EXISTING ILLNESSES

Check any that apply:

- | | |
|--|---|
| <input type="checkbox"/> CARDIOVASCULAR DISEASE | <input type="checkbox"/> DIABETES |
| <input type="checkbox"/> RESPIRATORY DISEASE <i>including</i> ASTHMA | <input type="checkbox"/> IMMUNOCOMPROMISE |

Campers with pre-existing conditions such as cardiovascular disease, respiratory disease including asthma, diabetes, and immunocompromised are at an increased risk of severe illness if COVID-19 is contracted. I understand that pre-existing illness increases the implied risk of COVID-19.

☒ **I UNDERSTAND THE IMPLIED RISK OF PRE-EXISTING ILLNESSES**

INITIAL HERE

COVID-19 TESTING (Optional)

Check and date, if applies:

Camper has been tested for COVID-19 and results were ☐ Negative ☐ Positive Test Date: ____/____/____

☒ **I VERIFY THAT I HAVE ANSWERED ALL QUESTIONS TRUTHFULLY**

INITIAL HERE

RISK AND CONSENT DISCLOSURE

The health and safety of all our Campers is our #1 priority. In light of the COVID-19 pandemic, we believe it is important that you understand our efforts to manage everyone's health and safety to the best of our ability so that you can make an informed choice. While we are focused on taking all reasonable measures to prevent the spread of COVID-19 it still remains a contagious virus. We have strengthened our standard cleaning and sanitizing procedures, while adding increased frequency measures for things such as wiping down common touch points, dining hall areas, and activity equipment. Additionally, we have taken measures to monitor and address symptomatic campers, volunteers and staff by introducing this pre-visit health screener, daily temperature checks, and protocols to isolate, confirm, respond, and remove anyone suspected of COVID-19. Should camper become symptomatic, the camper will be isolated and pick up arrangements will be made to depart WMM. If camper came with a group, it shall be their responsibility to make other travel arrangements to home. If camper is a minor, their emergency contact will be notified to make arrangements to pick them up and seek proper medical attention.

As this situation continues to change daily, WMM is in contact with our local health departments and will adapt and adjust our protocols, procedures and guidance as provided by the CDC, State and our local health departments, in our best efforts to help keep our guests, campers, volunteers, staff, and their families safe. We do have a requirement of masks to be worn and require each guest to provide their own mask.

Ultimately, the choice to attend Whisper Mountain Camp + Retreat is a personal one, and you are in control. If you are uncomfortable with the possible risks involved of COVID-19 in a camp setting or having your or your child interact with other campers, volunteers and staff, we highly suggest wait to visit WM until a future time.

By attending the Guest and parents of minor Guests specifically understands that it is personally responsible for its actions and omissions, and any resulting sickness or injuries related to or resulting from COVID-19 and agree to indemnify, defend and hold harmless, including from reasonable attorneys' fees and/or any other associated costs, Whisper Mountain Ministries, Inc., and its predecessors, successors, assigns, officers, directors, trustees, faculty, employees, volunteers, agents, and legal representatives, from any and all actions, claims, or demands that Guest, and assigns, have or may have for any and all sicknesses or injuries related to or resulting of his/her voluntary decision to utilize the facilities and premises of Whisper Mountain Youth Camp + Retreat, caused by any act or omission of Whisper Mountain and/or Guest, its employees, and guests resulting from utilizing the facilities and premises of WMM.

☒ **I UNDERSTAND RISKS AND CONSENT TO DISCLOSURE**

INITIAL HERE

✓

Signature of Adult Camper OR Parent of Minor Camper

Date