

COVID-19 Health contract to sign before a work party

1. Have you come into close contact (within 6 feet) with someone who has a laboratory confirmed COVID-19 diagnosis in the past 14 days?
Yes _____ No _____

2. Do you have any of the following; fever or chills, cough, shortness of breath or difficulty breathing, body aches, headache, new loss of taste or smell, sore throat?
Yes _____ No _____

3. Have you re-entered Canada in the past 14 days?
Yes _____ No _____

4. Have you re-entered BC in the past 14 days?
Yes _____ No _____

5. Will you follow all health and safety protocols and procedures that Camp Artaban has instituted to combat the spread of COVID-19?
Yes _____ No _____

I certify that the information provided is correct and that the applicant is physically, mentally and emotionally fit to attend camp. I give permission for photographs of me to be used in future camp promotional material. I recognize that there is some element of risk in any adventure, sport or activity associated with a camp setting in a wilderness area such as Camp Artaban. I understand and agree that in case of accident, sickness or undisclosed condition or inappropriate behaviour during the work party session, I am responsible for any expenses incurred. (It can cost up to \$250 for water taxi to Horseshoe Bay.) I give permission for the camp health worker to take any measures deemed necessary to maintain my health while at Camp Artaban, including any necessary emergency measures should they be unable to contact my family doctor or discuss it with me at the time of an emergency. I release the Diocese of New Westminster, the Board of Directors of the Camp Artaban Society and their respective officers, employees, volunteers and agents from liability for claims for injuries or property loss arising from my attendance and participation in activities at Camp Artaban. I further agree to indemnify the said Board of Directors and hold them harmless from any such claims.

Personal Health Number: _____

Doctor's Name: _____

Doctor's Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Name (Please print): _____

Signature: _____

Date: _____

If you are under the legal age of 19 years old, parent/guardian must sign and will be contacted by Camp Artaban.