NIGHT EAGLE WILDERNESS ADVENTURES

A Primitive Camping Experience For Boys, Ages 10-15 P.O Box 479, Wallingford, VT 05773Phone: (802) 446-6100

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COVID-19 Confirmation and Release 2021

I understand that, based on what is currently known about COVID-19, the spread of the virus is thought to occur mostly from person-to-person via respiratory droplets during close contacts and

that my child's participation with Ni persons.	ght Eagle activities m	ay involve close contact with other
I/we understand that the symptoms l	isted below are repres	sentative of COVID-19:
Fever Cough Chills/Shaking	Muscle Pain Sore Throat Shortness of Breath	Headache Loss of taste/smell
I/we confirm that I/we, my child and currently have, any of the symptoms above.		
behalf of ourselves and my child her Eagle Wilderness Adventures, Inc., i and demands that may arise out of the	reby assume the risks its staff, and board of one camping and other we will not, individual	related activities provided by Night lly or as parent(s) or legal guardian(s)
I agree that this Authorization shall be summer.	be apply to activities the	hat my child is registering for this
My signature below indicates that I l to be bound by its terms.	have read the above A	uthorization. I understand it and agree
Parent / Guardian Signature:		Date://
Parent / Guardian Signature:		Date://