



**Springfield College Camp Massasoit
263 Alden Street
Springfield, MA 01109-3797
Close-Contact Agreement**

Springfield College is committed to our Humanities mission while striving to protect the health and safety of our campers and minimizing the potential spread of disease within our community. The COVID-19 pandemic will affect the experience of all community members as we continue to make public health-informed decisions. This form is intended for campers who will likely engage in close-contact experiences. In this context, close-contact experiences are defined as activities related to camp programs that require proximity to others in any way that does not meet otherwise required social distancing guidelines. This form is in addition to, and not a substitute for, Emergency Contact & Health Record form or the General Disclaimer form.

Parent, Please Note: You may print, initial, and sign the document and then scan it and save it as a PDF or you may enter digitized versions of your actual initials and signature in the appropriate fields and save the file. **Typed initials and typed signatures cannot be accepted.**

Please initial each statement below.

____ My child's participation in face-to-face activities is entirely voluntary and I have carefully considered the attendant risks of such participation.

____ I understand that my child will be at risk of exposure to SARS-CoV-2 and of contracting COVID-19 by engaging in close-contact experiences.

____ I understand that my child will be at risk of exposure to SARS-CoV-2 and of contracting COVID-19 by engaging in hands-on activities, which may require having physical contact with other people.

____ I understand that, even when the reported risk of contracting COVID-19 is diminished, it may still be present and significant.

____ I understand that the long-term consequences of SARS-CoV-2 infection have not been established, and that the short-term effects can be serious or even fatal.

____ I accept the potential increased risk of contracting COVID-19 if my child chooses to engage in close-contact experiences, including those that require physical contact with other people.

____ I understand that my child has the right to determine whether or not the risks of participating in experiences at this time are unacceptable to them, personally.

____ My child agrees to comply with all safety regulations and precautions implemented by Springfield College and the camp directors for the duration of my experiences.

____ I understand that my child will not be required to wear a mask unless they choose to wear one or if they are indoors. I also understand that my child will be near other children who are not required to wear a mask, unless they are indoors.

If you agree to all of the above, sign here:

By signing this I the parent/guardian hereby attest that I have careful read this form and understand its contents, and agree to its terms and conditions.

Parent/Guardian Printed name

Signature

Date

Camper Printed name

Signature

Date

A copy of this document will be retained by the Camp Massasoit office.