



Acknowledgement of Risk - COVID-19

I expressly acknowledge that naturally occurring disease processes (including, but not limited to COVID-19) occur in all environments. I acknowledge that while Fishtrap has taken measures to avoid contact, transmission, or contamination of COVID-19, it is ultimately my responsibility to safeguard myself and others. I understand and agree that if I choose to participate in this activity, that Fishtrap cannot and will not have any legal liabilities toward me if I contract COVID-19. I also understand that if it is determined that I acted negligently or unreasonably and was responsible for transmittal of COVID-19 to other Fishtrap participants or employees, that I may be held legally and financially responsible for that transmittal.

I have read and fully understand the terms of the above waiver and release and by signing below agree to it. I also understand that by signing it I have given up substantial rights. It is my intention to exempt and relieve Fishtrap from liability for personal injury, property damage, or wrongful death caused by the provider or others, to the fullest extent permitted by law.

Print Name

Signature

Date



DECLARATION OF HEALTH

I, _____ hereby certify, represent, and warrant as follows:

I AGREE to seek out and if available, receive the COVID-19 vaccine in advance of Fishtrap's Outpost program, June 21-16, 2021.

I AGREE to inform Fishtrap staff immediately if I am experiencing any [COVID-19 Symptoms](#) during the June 21-26, 2021 Outpost on the Zumwalt Prairie program.

I AGREE to notify Fishtrap (by email to mike@fishtrap.org) of any change in status, including diagnosis with COVID-19 before or following Fishtrap's June 21-26, 2021 Outpost on the Zumwalt Prairie program.

Within twenty-one (21) days immediately preceding the date of this Health Declaration Form, I HAVE NOT:

- Tested positive with COVID-19 or been identified as a potential carrier of the COVID-19 virus or similar communicable illness.
- Experienced any [symptoms commonly associated with the COVID-19](#); including cold or flu symptoms, fever greater than 100.4, shortness of breath, body aches, coughing, new change in sense of taste or smell, nausea.
- Been in any location positively designated as hazardous and/or potentially infected with COVID-19 by a recognized health or regulatory authority.
- Been in direct contact with or the immediate vicinity of any person in the last two weeks known to be carrying the COVID-19 or has been identified as a potential carrier of COVID-19.

I WILL wear a mask/face covering if asked by Fishtrap Staff or when appropriate distancing is not possible.

I WILL consent to having my temperature taken by Fishtrap staff during the Outpost program.

I WILL follow the [CDC Guidelines for COVID-19 Protection](#) including staying six (6) feet apart from others, avoid poorly ventilated spaces, wash hands often, and clean and disinfect surfaces thoroughly.

I ACKNOWLEDGE and ACCEPT that this Declaration will be considered as my consent to Fishtrap to disclose, share, record and store this Declaration with any relevant authority or service provider for the purposes of ensuring the safety and security of any and all third parties that may come in contact with me prior, during, and after the Fishtrap program.

In signing below, I knowingly, voluntarily, and freely agree to the terms of this, and in doing so represent the truthfulness and veracity of the above answers.

Print Name

Signature

Date