

Event Leader Checklist & Assumption of Risk

Required Covid Health Documents can be found online at www.n-sid-sen.org.

l attes	t that I have:
	Received, read, and shared the N-Sid-Sen Covid Vaccination Policies for Guests and Vendors with all members of my group.
	Verified that all group members meet the standard of being fully vaccinated and boostered OR have a negative Covid-19 PCR test within 3 days of arrival, where applicable.
	Provided all event participants with the link to the N-Sid-Sen Health Survey form for them to download, print and complete.
	Provided N-Sid-Sen with all verified guest's full names two weeks prior to the event or when the final guest numbers are confirmed.
Assumption of Risk	
	I understand the risk of being at N-Sid-Sen and take the responsibility for myself and those in my Event Group. Risks include but are not limited to COVID-19 related risks, physical and nature/environmental (bugs, limbs, holes, weather, etc.) risks, and those that may arise from accessing restricted areas without permission and facilitators/guards.
	I understand that N-Sid-Sen is doing due diligence to protect volunteers, staff, and guests. I further understand my part in protecting myself, others, and the ministry in preventing and minimizing the spread of COVID-19 and any other illnesses and diseases.
	I understand I will be required to follow all safety procedures and guidelines. Guidelines may include, but are not limited to, wearing a face covering, showing proof of Covid vaccination, showing proof of a negative Covid PCR test, and physically distancing from individuals outside my event group.
	I understand if I am not following safety procedures and guidance from the N-Sid-Sen staff that I may be asked to leave, and I will not receive a refund (if applicable).
	I agree to notify N-Sid-Sen Camp & Retreat Center promptly if myself, or anyone in my event group, tests positive for COVID-19 within the 14 days following my group event.
By sign	ing below, I am releasing N-Sid-Sen of liability for the risks stated above.
Name o	of Event Leader (print name)
Signatu	
Event LeaderDate	
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