

Külföldi Magyar Cserkészszövetség

Hungarian Scout Association in Exteris



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state and local governments and federal and state health agencies worldwide recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Hungarian Scout Association in Exteris and its affiliated troops (collectively, the “HSA”), as well as the Hungarian School of Boston (Boskola), has put in place preventive measures to reduce the spread of COVID-19; however, neither the HAS nor the Boskola can guarantee that you or your child(ren) will not become infected with COVID-19, and the HSA and Boskola cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading COVID-19 while attending and participating in HAS or Boskola activities including, without limitation, weekly patrol and troop meetings, nature trips, camping trips and similar scouting and Boskola events (collectively, “HSA and Boskola Activities”). Furthermore, attending HSA and Boskola Activities could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in HAS and Boskola Activities and that such exposure or infection may result in personal injury, illness, permanent disability and death. I acknowledge that it is not possible to prevent against the presence of the disease. Therefore, if you or your children choose to attend HSA and Boskola Activities or enter into a facility where HSA and Boskola Activities are taking place with multiple people from different households, you may be exposing yourself and/or your child(ren) to, and/or increasing your and your family’s risk of contracting or spreading COVID-19. I understand that the risk of becoming exposed to or infected by COVID-19 while participating in HSA and Boskola Activities may result from the actions, omissions or negligence of myself and others, including, but not limited to, HSA volunteer scout leaders, other volunteers, Boskola teachers, Boskola volunteers, program participants (including other scouts and students of the Boskola) and their families.

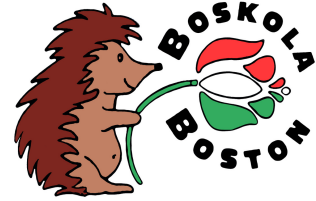
I agree that I am personally responsible for my child(ren)’s safety and actions while he/she/they attend HSA and Boskola Activities. I agree to comply with all policies and rules for HSA and Boskola Activities, including but not limited to all policies, guidelines, signage, and instructions.

I represent, warrant, and agree to the following:

- I understand the symptoms of COVID-19 as described by the World Health Organization – fever, dry cough, fatigue, body/muscle aches or lack of taste or smell.
- I affirm that neither I, my minor child(ren), nor any member of my household, currently has or has experienced the aforementioned symptoms within the past 14 days. Furthermore, I will immediately inform HSA and Boskola and discontinue participation in all HSA and Boskola Activities if I, my minor child(ren), or any member of my household develops any of the aforementioned symptoms.

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- I affirm that neither I, my minor child(ren), nor any member of my household, has been diagnosed with COVID-19 within the past 30 days. Furthermore, I will immediately inform HSA and Boskola and discontinue participation in HSA and Boskola Activities if I, my minor child(ren), or any member of my household, is diagnosed with COVID-19.
- I affirm that neither I, my minor child(ren), nor any member of my household, has knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days. Furthermore, I will immediately inform HSA and Boskola and discontinue all HSA and Boskola Activities if I, my minor child(ren), or any member of my household, is knowingly exposed to anyone diagnosed with COVID-19.
- I affirm that neither I, my minor child(ren), nor any member of my household, has traveled outside of the country or to any city considered to be a "hot spot" for COVID-19 infections within the past 30 days. Furthermore, I will immediately inform the HSA and Boskola and discontinue all HSA and Boskola Activities once I, my minor child(ren), or any member of my household, returns from traveling outside of the country or to any city considered to be a "hot spot" for COVID-19 infections.
- I understand that the HSA and Boskola cannot be held liable by me for any exposure to the COVID-19 virus caused by any misinformation on this form or the health history provided by or on behalf of my minor child(ren).
- I release and agree to hold harmless the HSA, its troops, troop sponsor organizations and entities, district and regional councils, as well as all of the HSA's local, district, regional, national and international leaders and sponsor organization leaders, and the HSA's adult and minor participant scouts and their families from any liabilities, costs and damages incurred by me, my child(ren) or my other family members, directly or indirectly, as a result of my or my child(ren)'s participation in HSA Activities.
- I release and agree to hold harmless the Boskola, the Boskola's sponsor organizations and entities, as well as all of Boskola's teachers and volunteers and sponsor organization leaders, and the Boskola's adult and minor participants and their families from any liabilities, costs and damages incurred by me, my child(ren) or my other family members, directly or indirectly, as a result of my or my child(ren)'s participation in Boskola Activities.
- I have read and understood all procedures put in place by the HSA and its instrumentalities, as well as the Boskola and its instrumentalities, to prevent the spread of COVID-19.

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I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Scout's / Student's Printed Name _____

Scout's / Student's Signature _____

I am the parent or legal guardian of the minor child named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Parent Signature: _____

Printed name of parent: _____

Date: _____