

Istrouma Area Council, Camping Avondale

**COVID-19 Pandemic  
ASR Camping Consent Form**

Even after following the protocols established by the Center for Disease Control (CDC) and the Louisiana Department of Health it is still possible to contract COVID-19 while on a council property. We are following all guidelines to minimize the risk of transmission.

- I knowingly and willingly consent to participating in camping at ASR during the COVID-19 pandemic. I understand that the COVID-19 virus has a long incubation period during which carriers of this virus may not show symptoms and may still be highly contagious. \_\_\_\_\_ (Initial)
- I understand that – due to the frequency of visits by other Scouting clientele, the characteristics of the COVID-19 virus, and the fundamentals of ASR staff – I have an elevated risk of contracting the COVID-19 virus simply by being in contact with a Scouter or Ranger. \_\_\_\_\_ (Initial)
- I confirm that I am not presenting any of the following COVID-19 symptoms: \_\_\_\_\_ (Initial)
  - Fever
  - Shortness of breath
  - Dry cough
  - Runny nose
  - Sore throat
- I confirm that I have not been in contact with a person who has been diagnosed with COVID-19 within the past 14 days. \_\_\_\_\_ (Initial)
- I understand that carpooling travel significantly increases my risk of contracting and transmitting the COVID-19 virus and that the CDC recommends social distancing of at least 6 feet for a period of 14 days to anyone who has recently traveled. I also understand that this is not a feasible practice when participating in a camping trip. \_\_\_\_\_ (Initial)
- I understand that my participation in this camping trip required travel and that the CDC does not recommend traveling during the COVID-19 pandemic. \_\_\_\_\_ (Initial)
- I understand that the Department of Homeland Security has restricted international travel for tourism and recreational purposes due to the COVID-19 pandemic. \_\_\_\_\_ (Initial)
- I have read and will follow the Avondale Participant Code of Conduct. \_\_\_\_\_(Initial)

Printed name: \_\_\_\_\_  
(Client)

Date of birth: \_\_\_\_\_  
(Client)

Signature: \_\_\_\_\_  
(Client or legal guardian if client is under 18yrs)

Today's date: \_\_\_\_\_

Unit Number: \_\_\_\_\_