



# Polish Scouting Organization -Z.H.P, Inc.

## National Headquarters

**Związek Harcerstwa Polskiego**  
Zarząd Okręgu w Stanach Zjednoczonych



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### **COVID Assumption of Risk and Behavior Agreement**

Polish Scouting Organization – ZHP, Inc. (“the Organization”) recognizes the extraordinary circumstances of the Coronavirus/COVID-19 pandemic. The Organization also recognizes the need to proceed with its activities, as best as possible, consistent with CDC guidance and applicable state and local restrictions. These standards may change from time to time with short notice.

#### **Assumption of Risk**

As a participant in the Organization’s activities, and/or a member of the Organization, I acknowledge the contagious nature of the Coronavirus/COVID-19. I further acknowledge that the Organization cannot guarantee that I will not become infected. I voluntarily agree to participation in the Organization’s activities with full knowledge and understanding of the risk of possible infection. I assume all risk of infection for myself. I also acknowledge that social distancing may not be always possible during the Organization’s activities.

As a parent/guardian of a participant who is a minor in the Organization’s activities, I acknowledge the contagious nature of the Coronavirus/COVID-19. I further acknowledge that the Organization cannot guarantee that my child not become infected. I voluntarily agree to my child’s participation in the Organization’s activities with full knowledge and understanding of the risk of possible infection. I assume all risk of infection for my child. I also acknowledge that social distancing may not be always possible during the Organization’s activities.

#### **Behavior Agreement**

In view of the extraordinary circumstances of the pandemic, I, as a participant or parent/guardian of a participant who is a minor, agree to the following:

- to not allow any member of my household to attend an Organization activity, if any household member is sick or not feeling well (e.g., fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea)
- to be on stand-by during any Organization activity, where my child is participating, to be available to pick up my child on short notice, if required
- to report to the Organization that a member of my household has tested positive for Coronavirus/COVID-19
- to not let myself or my child participate in any Organization activity for at least 14 days and/or until, I and/or my child, has been cleared by a medical professional, if any member of my household has tested positive for Coronavirus/COVID-19 or has been exposed to someone who has tested positive for Coronavirus/COVID-19
- to show up, and/or have my child show up, at Organization activities with all required “personal protective equipment” (PPE), including suitable face covering, and any other requested preparation, e.g., washed hands, hand sanitizer, etc.

#### **Participant/Member**

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

#### **Parent/Guardian**

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_