

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. While various vaccines have been developed and made available that have proven effective in reducing the risk of contracting the virus (and reducing the severity of illness if the virus is nonetheless contracted), the vaccines are not yet available to all age groups. Moreover, a significant number of individuals have elected to forego vaccination, which facilitates the continued transmission and mutation of the virus. Currently, the highly contagious Delta variant of the COVID-19 virus is making significant inroads in Europe, the Americas and Australia.

The Hungarian Scout Association in Exteris and its affiliated troops (collectively, the “HSA”) has put in place preventive measures to reduce the spread of COVID-19 during scouting activities. Despite these efforts, the HSA cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading COVID-19 while attending and participating in HSA activities including, without limitation, weekly patrol and troop meetings, nature trips, camping trips and similar scouting events (collectively, “HSA Activities”). Furthermore, attending HSA Activities could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this document, 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 HSA 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 I or my child(ren) chooses to attend HSA Activities or enter into a facility where HSA Activities are taking place with multiple people from different households, I understand that I may be exposing myself and/or my child(ren) to, and/or increasing my and my 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 Activities may result from the actions, omissions or negligence of myself and others, including, but not limited to, HSA volunteer scout leaders, other volunteers, HSA program participants (including other scouts) and their families.

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

I specifically 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 the HSA leaders in my local troop and discontinue participation in all HSA Activities if I, my minor child(ren), or any member of my household develops any of the aforementioned symptoms.

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 the HSA leaders in my local troop and discontinue participation in HSA Activities until the recommended quarantine period has elapsed 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 the HSA leaders in my local troop and discontinue all HSA Activities until the recommended quarantine period has elapsed 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 leaders in my local troop and discontinue all HSA Activities until the recommended quarantine period has elapsed 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 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-aged scouts and their families from any liabilities, costs and damages incurred by me, my child(ren) or my other family members resulting, directly or indirectly, from my or my child(ren)'s participation in HSA Activities, including, without limitation, any liabilities, costs or damages resulting from or relating to exposure to, contracting or spreading the COVID-19 virus as a result of participation in HSA activities.

I have read and understand all procedures put in place by the HSA and its instrumentalities to prevent the spread of COVID-19 and agree to follow same.

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

Scout's Printed Name _____

Scout'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 document.

Parent Signature: _____

Printed name of parent: _____

Date: _____, 2021