

**KEEWAYDIN FOUNDATION  
ATTENDEE WAIVER FOR PARTICIPANTS  
AND ACCOMPANYING MINOR CHILDREN**

*Our top priority is the safety and well-being of our members and community at large, including participants in the Alumni-Family Reunion Weekend. Please read this document carefully!*

**This form must be completed by all attendees age 18 or older prior to or upon arrival at Keewaydin Dunmore. Failure to complete the form will result in termination of registration.**

**Thank you for your cooperation!**

**HEALTH AND SAFETY WAIVER AND RELEASE OF LIABILITY**

During the course of the Alumni-Family Reunion Weekend (“Reunion Weekend”), participants may engage in activities that include, but are not limited to, swimming and other water sports, hiking, climbing, walking on uneven terrain, and other outdoor activities. Such activities create potential hazards that may result in illness, injury, disability, or death.

Potential hazards include but are not limited to trips and falls, scratches and bruises, eye injuries, head injuries, bee or other insect stings or bites, poison ivy or other skin irritations, anxiety attacks, wild animal encounters/attacks, ticks carrying Lyme disease, dehydration, heat stroke and accidental drowning. *Note: If you know you or a minor child for whom you are responsible are allergic to bee stings, you are responsible to carry your own EpiPen when outdoors or potentially around bees.*

In light of these and other potential risks, participants are asked to undertake a personal analysis of their physical condition and medical ailments and those of any minors for whom they are responsible, and to govern their behavior and activities accordingly.

**Health and Safety Assumption of Risk: (PLEASE INITIAL)**

\_\_\_\_\_ I hereby acknowledge and agree that I understand that potentially hazardous activities are included in Reunion Weekend, and that I and any minors for whom I am responsible are qualified, in good health, and in proper physical condition to participate in these activities. I further acknowledge and understand that there are certain inherent risks and dangers associated with Reunion Weekend, and I knowingly and voluntarily accept and assume responsibility for each of these risks and dangers, and all other risks and dangers that could arise out of, or occur during, my participation and that of the minors for whom I am responsible.

\_\_\_\_\_ I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any expense, liability, illness, injury, disability or death incurred by myself or any minors for whom I am responsible, related to participating in any reunion activity while attending the Reunion Weekend.

**COVID WAIVER**

The Keewaydin Foundation continues to monitor policy and procedures during the COVID-19 pandemic. The Keewaydin Foundation has put in place preventative measures to reduce the spread of the COVID-19 virus, but does not under any circumstances guarantee that participants will not become infected with the virus whilst at Reunion Weekend. Adherence to the Keewaydin

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Foundation's Covid-related policy during Reunion Weekend will be continuously monitored and enforced by Foundation personnel.

Your signature will be required as a confirmation of your intent and commitment to abide by policies put in place to protect visitors/guests and staff. This commitment also applies to any minors for whom you have responsibility. Please check the boxes below to confirm:

- I declare I am not experiencing or exhibiting any COVID-19 related symptoms as outlined by the federal and state Center for Disease Control and Prevention (CDC) such as fever, dry cough, or shortness of breath.
- I confirm that I completed a rapid antigen test or PCR within 48 hours prior to my arrival on campus and again, on the day I arrived at Keewaydin, and in each case, the test results were negative. I understand that I will confirm, in writing, that I have completed all tests at registration.
- I acknowledge I must follow the Covid safety protocols that have been implemented by The Keewaydin Foundation outlined in this document.
- I declare I have not traveled internationally or to a highly impacted COVID-19 area within the United State during the last (14) days. See <https://www.mayoclinic.org/coronavirus-covid-19/map>
- I am not aware, nor do I believe I have been recently exposed to a person with a positive and confirmed case of COVID-19.
- I acknowledge I may be removed from the Dunmore or Songadeewin campuses or asked to leave the property by personnel should I exhibit any behavior in direct contrast to the Keewaydin Foundation's guidelines/safety measures established for the Reunion Weekend.

**Health and Safety Assumption of Risk: (PLEASE INITIAL)**

\_\_\_\_\_ I acknowledge that I understand the contagious and evolving nature of COVID-19 and voluntarily assume the risk that I may be exposed to the virus and become infected as a result, with potential impact to myself, my family and personal contacts, and other participants in Reunion Weekend, including staff.

\_\_\_\_\_ I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any expense, liability, illness, injury, disability or death related to contracting the virus while attending Reunion Weekend.

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**DISCHARGE AND HOLD HARMLESS**

I hereby release, covenant not to sue, discharge, and hold harmless the Keewaydin Foundation and affiliates from all claims of any kind arising out of my participation in Reunion Weekend. I understand and agree that release of liability includes any claims against the Keewaydin Foundation, its staff, board, and other related personnel, made during or after attendance and participation at Reunion Weekend.

I also acknowledge that the Keewaydin Foundation is not responsible for myself, any minors for whom I am responsible, or any guests including family members that may be staying at Keewaydin Dunmore.

This attendee waiver and release of liability shall be governed by and construed under the laws of the State of Vermont. I agree not to commence or prosecute any action in connection herewith other than in the state and/or federal courts of the State of Vermont.

**I agree to be bound by all terms of this Attendee Waiver and Release of Liability, as indicated by my signature below.**

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Additional Health Information**

Please list any medical restriction that limits your full participation in the programs and activities of Reunion Weekend, or that of any minor for whom you are responsible.

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**COVID-RELATED SAFETY PROTOCOLS WHILE AT ALUMNI FAMILY REUNION  
WEEKEND**

**For your safety and the safety of all of our guests, please adhere to the following protocols:**

- Wear a properly fitted KN95 OR N95 mask when indoors.
  - Eat your meals with your family - or same small family/friends group - throughout the duration of camp.
  - Clean your hands frequently with alcohol-based hand rub or soap and water.
  - If you develop symptoms of Covid, notify Mary Welz at 802-585-0614 immediately and leave the campus.
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