

## Patriots Point Operation Overnight Program Wellness and Liability Form

To the leaders and coordinators of Operation Overnight Program participants, prior to departing for the Patriots Point Naval and Maritime Museum, please conduct a wellness check with each of your attendees and sign off below to ensure that no one in your group has experienced a mixture of the following symptoms within the past 5 days:

- Cough or shortness of breath
- Chills or repeated shaking with chills
- Muscle pain or extreme fatigue
- Sore throat
- Loss of taste or smell
- Diarrhea
- Feeling feverish or a high temperature greater than 100.0 degrees Fahrenheit
- Recent close contact with a person who is confirmed to have COVID-19

We at the Patriots Point Naval and Maritime Museum strive to make the overnight program as healthy and safe as possible by following protocols set forth by Governor McMaster and South Carolina Health and Human Services, the CDC, and local health department guidelines.

We have completely sanitized all berthing compartments and bunks where the participants will be sleeping. In addition, we will make every effort to ensure that all groups are placed together and separate from others. We have increased our hand sanitizer stations throughout the museum and will continue to space groups during meal times. We encourage safe social distancing while participating in our overnight program.

By signing this agreement, I acknowledge that Patriots Point Naval and Maritime Museum has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that Patriots Point Naval and Maritime Museum cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the interactions with others, including, but not limited to, Patriots Point staff, and other guests and their families.

By signing this agreement on behalf of my group, we agree to hold the Patriots Point Naval and Maritime Museum entirely free from any liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my group becoming exposed to or infected by COVID-19. I confirm that the members of my group are participating voluntarily, and that all risks have been made clear to them.

By signing this form, you are acknowledging that you as the leader/coordinator of this group have read, understood, and agree with all the information stated above.

Group Name: \_\_\_\_\_

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

Organization: \_\_\_\_\_

Printed Name of Leader/Coordinator: \_\_\_\_\_

Signature of Leader/Coordinator: \_\_\_\_\_