

COVID-19 Pandemic Participant Consent Form

Even after following the protocols established by the Center for Disease Control (CDC) and the New Mexico Department of Health (NMDOH) it is still possible to contract COVID-19 while participating in activities or trainings. We are following all guidelines to minimize the risk of transmission.

- I knowingly and willingly consent to participating in my selected Philmont program 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 participants, the characteristics of the COVID-19 virus, and the fundamentals of mixing groups for training purposes – I have an elevated risk of contracting the COVID-19 virus simply by being in contact with a others while I am at the Ranch. **(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 air 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 may not be a feasible practice when participating in my selected program. **(Initial)** _____

I understand that my participation in this Philmont program 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 agree to follow the Philmont Code of Conduct provided to me. **(Initial)** _____

Printed name: _____

Date of birth: _____

Signature: _____

Today's date: _____