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# COVID-19 PANDEMIC PARTICIPANT CONSENT

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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 others while I am at Philmont. **(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: \_\_\_\_\_