# **COVID-19 Information Sheet**

#### **Global Pandemic**

The World Health Organization (WHO) declared the Novel Coronavirus (COVID-19) a global pandemic on March 11, 2020. The Center for Disease Control (CDC) in the United States and similar organizations from countries across the world have been working to educate the public prevent rapid growth of cases and limit the number of deaths.

### **Virus Symptoms**

The list of COVID-19 symptoms includes, but is not limited to:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills

- Muscle pain
- Sore throat
- New loss of smell or taste

Please note, people may be carriers of COVID-19 without symptoms.

### **Transmission Principles**

There are three main ways the virus can be transmitted in a guided setting:

- Airborne particles between individuals of the same or different parties
- Close physical contact between individuals of the same or different parties
- Contact with shared equipment or commonly used surfaces

In a guided setting reasonable mitigation measures will be imposed to reduce transmission modes. Even if best practices are observed the transmission of COVID-19 is possible between members of the same group or others on the same trail, route or climb. Physical distancing for the duration of the trip will likely not be possible.

Ways you can reduce exposure to the virus:

- Maintain physical distancing of greater than 6 feet
- Washing/sanitizing your hands more than you would normally
- Guide or instruct outdoors and minimize exposure to others within 6 feet
- Wear a face covering to help avoid passing the virus to others
- Avoid touching your face
- Plan to limit your exposure before you are exposed

#### **Updated Screening Procedures**

In addition to standard medical screening questions and procedures, you will be required to answer questions regarding symptoms of COVID 19. Anyone who exhibits any of these symptoms, has been around anyone who has these symptoms, or has been diagnosed with COVID-19 is asked to contact their guide as soon as possible and not participate in the guided activity.

## **Personal Equipment Expectations**

Day Trip

- Face Covering(s)
- Personal bottle of hand sanitizer
- Biodegradable soap
- Personal packet of tissues
- Gallon size sealable plastic bag(s) for trash
- Personal climbing equipment
- Optional: Wag bag, Restop or similar

Overnight Trip (in addition to day trip gear)

- Personal climbing equipment.
- Personal food
- Individual tent, pad and sleeping bag
  \*Tents may be shared by members of the same household
- Personal water purification system

## **Updated operating procedures**

Guides and clients will attempt to maintain 6' spacing during the trip. When this is not possible, guides and clients will employ face coverings whenever wearing face coverings would not compromise safety. On overnight trips, hand washing stations will be set up at each camp. On day trips, use of hand sanitizer is encouraged on a regular basis.

# COVID-19 Acknowledgement and Agreement

By my signature below, I acknowledge and agree as follows:

I have read and understand the accompanying COVID-19 Information Sheet

Although Certified Guides Cooperative ("CGC") has taken reasonable steps to provide me with information about novel Coronavirus (Covid-19) and taken steps to mitigate the spread of the virus, I understand virus exposure to the virus may still occur during my participation in the Guided Activity. In addition, I understand I may contract COVID-19 and carry it back to my family and/or community whether or not I develop symptoms.

I am aware that the Guided Activity requires I may be in close proximity to my guide(s), other members of my own party and/or members of another party while in the course of conducting the Guided Activity, and that it is not possible to maintain the recommended six feet of physical distancing at all times during the Guided Activity. I am aware that the protocols employed by CGC guides may not be effective, and that equipment meant to mitigate the risk of exposure to Covid-19 may be ineffective or malfunction. I understand that CGC guides have difficult jobs to perform, and that while they seek to effectively mitigate the risk of exposure to Covid-19, they are not infallible, and mistakes can be made. I understand that it may be difficult or impossible for the CGC guide to secure a medical evacuation for me in the event I am exhibiting symptoms of COVID-19, and that the guide may have limited or ineffective means to provide medical treatment for me in the field.

I acknowledge that engaging in the Guided Activity during the Covid-19 pandemic may require a degree of skill and knowledge beyond that to which I may be accustomed, and that I have responsibilities as a participant. Responsibilities include, but are not limited to; following all communicated protocols, and making all reasonable efforts to maintain physical distancing, wear a face covering at all reasonable times, and washing or sanitizing my hands regularly. I acknowledge that the CGC guide has been available to answer any questions I may have that are material to my decision to participate in the Guided Activity, and that I have the right and obligation to conduct all such research as may be relevant to my decision to participate.

I certify that I have not had any symptoms of COVID-19, as referenced by the COVID-19 Information Sheet provided me, for the 14 days preceding the Guided Activity, and that I have not knowingly been exposed to an individual with Covid-19. I understand that if I develop symptoms during the Guided Activity I may be required to leave.

I hereby knowingly assume the risk of exposure to Covid-19 during the Guided Activity, of contraction of the virus, and of any resulting or related complications or occurrences that may result.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family, including minors accompanying me.

Signature of Participant
Print name
Date
If under 18 signature of parent or guardian
Print name
Address
Phone