



# Lighthouse

FAMILY RETREAT

## ILLNESS GUIDELINES

Our top priority is the safety and security of our Retreat Families and volunteers, while preserving our mission of shining the light of Christ and strengthening families. Because we are serving families who often have children with compromised immune systems, we want to be extra cautious with any symptoms or illnesses.

### SYMPTOMS AND ILLNESSES:

- Fever
- Sore throat
- Cough or respiratory issues
- Persistent headache
- Vomiting, diarrhea, or other gastrointestinal issues
- Flu
- COVID
- Strep
- Highly contagious viruses

Please note this list does not include all symptoms and illnesses, please notify our team if you are experiencing any symptom or illness that may require evaluation before participating in activities with immunocompromised children.

### WHAT DO I DO IF I AM EXPERIENCING SYMPTOMS?

- **PRE-RETREAT** If you are experiencing any of the above symptoms, please immediately reach out to your retreat leader prior to departing for retreat. Our team will advise you on next steps.
- **ON RETREAT** If you develop any symptoms while on retreat, you will not be allowed to join any retreat programming until being evaluated by our on-site Medical Lead. The LFR staff team, at their sole discretion, can choose to quarantine you (and your family) or request you visit a local medical office to be tested for highly contagious illnesses (i.e. strep, flu, COVID, etc.) before being allowed to rejoin retreat.

### WHAT DO I DO IF I TEST POSITIVE FOR A LISTED ILLNESS?

- **PRE-RETREAT** In the event of a positive test result (of any of the above listed illnesses) for any member of your household please reach out to your retreat leader prior to departing for retreat. You (and your family) will not be able to attend the retreat until you've been medically cleared to reintegrate with immunocompromised families and are no longer contagious. Being medically cleared will be determined by our staff, medical leads, your primary care doctor, and/or public health officials.
- **ON RETREAT** In the event of a positive test result, you (and your family) will be quarantined or asked to leave retreat to prioritize the safety of our families living through childhood cancer.

### COVID RESPONSE

Our team will continue to follow CDC, state, and local health guidelines related to COVID. Please note we do not require any of our participants to be vaccinated in order to attend retreat.



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Updated January 2023

## LIABILITY WAIVER AND RELEASE OF CLAIMS:

RELEASE AND WAIVER. I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST LIGHTHOUSE FAMILY RETREAT AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.

## ASSUMPTION OF THE RISK

Participation in LFR retreats includes possible exposure to and illness from infectious diseases. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.

As a Retreat Family, I recognize that my participation, involvement and/or attendance at a Lighthouse Family Retreat is voluntary. By signing below and attending and/or participating in retreat, you are deemed to have given a full release of liability to the released parties to the fullest extent permitted by law.

Minor 1: \_\_\_\_\_

Minor 2: \_\_\_\_\_

Minor 3: \_\_\_\_\_

Minor 4: \_\_\_\_\_

Minor 5: \_\_\_\_\_

Minor 6: \_\_\_\_\_

## Parent/Guardian signing for minors:

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

## Parent/Guardian/2<sup>nd</sup> Adult:

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_



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