DSU SUMMER CAMP GUIDELINES
[External Hosts]

[4/8/21]
IMPORTANT CONTACT NUMBERS

Campus Events Office:
• Jordin Williams
  Executive Director – Wellness, Recreation & Camps Events
  WRC 118
  jnwilliams@desu.edu
  302-857-7785 (Office)
  302612-0208 (Cell)

• Elizabeth Stewart
  Events Coordinator
  MLK 325
  estewart@desu.edu
  302-857-7306 (Office)
  302-270-2521 (Cell)

Enterprise Risk Management:
• Tamara Stoner
  Director of Enterprise Risk Management & Insurance/University Secretary
  Office of General Counsel
  302-857-7841
  tstoner@desu.edu

Human Resources:
• Pamela Mosely Gresham Esq.
  Director of Labor Relations & Diversity
  Administration Building 2nd Floor
  302-857-6261
  pgresham@desu.edu

• Sandra Golson
  Assistant to the Vice President
  Administration Building 2nd Floor
  302-857-6261
  sgolson@desu.edu

Aramark Catering:
• Kenneth Gruber
  Aramark General Manager
  MLK Student Center 325
  302-857-7209 (Office)
  267-844-0523 (Cell)
  Gruberjr-kenneth@aramark.com
REGISTRATION (Appendix A)

- In order to host a summer camp, the camp organizer must complete and submit a Camp Registration Form to the Campus Events Office (MLK 325)

INSURANCE COVERAGE

- Camps that are hosted by external groups (not affiliated with DSU) must submit a Certificate of Insurance (COI) at least 30 days prior to the start of each camp
  - The limits for the COI will be stated in the camp contract

PARTICIPANT WAIVERS (Appendix B)

- Participant type:
  - Adult Participants
    - Each camp participant must complete and sign a DSU Waiver Form
  - Minor Participants
    - Each minor child who participates in the camp must have a DSU Waiver Form completed and signed by their parent or legal guardian
- Submission:
  - The camp organizer is responsible to submit the following to the Campus Events Office:
    - List of all camp participants (including age if minor)
    - Completed waivers
- NOTE: Each waiver must be signed and submitted prior to any participant (regardless of age) participating in any activity with the camp. NO EXCEPTIONS will be made!

BACKGROUND CHECKS (Appendix C)

- A Background Verification Form must be submitted by the camp organizer ensuring that the requirements of the Beau Biden Child Protection Act are abided by at all times by all staff who are affiliated with the proposed camp.
  - NOTE: The form must be submitted at least 30 DAYS PRIOR to the start date of the camp in order to be approved as a host.

SUPERVISION OF MINORS

- Any participant who is a minor (under the age of 18) must be supervised AT ALL TIMES while participating in the designated camp.
  - Each camp organizer must ensure that there is enough staff present to adequately provide this level of supervision. If enough supervision is not designated in ratio to the number of participants, the camp will not be approved to take place – no exceptions will be made to this policy.
  - Be sure to eliminate any one-on-one time between staff and minor participant – this is critical for the safety of the participant and our staff/volunteers!

COVID-19 GUIDELINES (Appendix D)

- Each camp host is required to review and sign the COVID-19 Summer Camp Host Agreement prior to receiving final approval of their camp. This agreement outlines expected behaviors and testing protocols for all persons (host, staff, participants) associated with a camp.
  - NOTE: it is the responsibility of the camp host to ensure that all persons associated with their camp are aware of and abide by these guidelines at all times while on campus.
Appendix A

Camp Registration Form
Camp Information:

Name of Camp: ______________________________________   # of Participants: ___________________________________

Start Date: _____________________    End Date: _____________________    Time(s):___________________________________

Space Utilized for Camp:____________________________________________________________________________________

Does the Camp Require the following:   Overnight Housing?      Yes    /    No   Food/Catering?      Yes    /    No

Host Information:

Department/Organization Hosting Camp: ________________________________________________________________

Camp Organizer Name: ______________________________________   Position w/in Dept/Org: _____________________________

Camp Organizer Email:  ______________________________________   Camp Organizer Phone:  ____________________________

Camp Staff Information:

Please list the names & contact information for all of the staff that will be working the camp:

Name: _________________________ Email: _____________________ Phone:  ______________ DSU Student/Staff? Yes    /    No
Name: _________________________ Email: _____________________ Phone:  ______________ DSU Student/Staff? Yes    /    No
Name: _________________________ Email: _____________________ Phone:  ______________ DSU Student/Staff? Yes    /    No
Name: _________________________ Email: _____________________ Phone:  ______________ DSU Student/Staff? Yes    /    No
Name: _________________________ Email: _____________________ Phone:  ______________ DSU Student/Staff? Yes    /    No
Name: _________________________ Email: _____________________ Phone:  ______________ DSU Student/Staff? Yes    /    No
Name: _________________________ Email: _____________________ Phone:  ______________ DSU Student/Staff? Yes    /    No
Name: _________________________ Email: _____________________ Phone:  ______________ DSU Student/Staff? Yes    /    No

By signing below I, the camp organizer, am acknowledging that I have been provided with a DSU Summer Camp Guidelines Booklet that includes all policies and procedures related to camp registration, insurance, participant waivers, supervisor background checks, and camp supervision requirements. I understand that if all requirements are not fulfilled, the proposed camp will not be approved to take place.

___________________________________________  _____________________________  ______________
Print Name                                           Date

Signature

Campus Events Office   ✦  302-857-7360   ✦  jnwilliams@desu.edu
Appendix B

Waiver/Release Agreement
Delaware State University
Waiver/Release Agreement

I _________________________________ (Name of Participant) in consideration of being permitted to participate and/or receive instruction in the ___________________________________________________ (Name of “Camp” or “Activity”), hereby voluntarily release Delaware State University from any and all liability resulting from or arising out of my participation and/or receipt of instruction in the activity.

I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, agents, and employees of those entities.

I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation and/or receipt of instruction in the Activity, except for the acts or omissions of Delaware State University, its officers, directors agents or employees which are found to be negligent by a court of competent jurisdiction.

I understand and agree that this Waiver/Release applies to personal injury, property damage, or wrongful death which I may suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this Waiver/Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction in the Activity.

I understand and agree that this Waiver/Release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children and any guardian ad litem for said children.

I understand and agree that by signing this Waiver/Release, I am agreeing to release, indemnify and hold Delaware State University, its officers, agent’s employees or Board of Trustees harmless from any and all liability or costs, including attorney’s fees, associated with or arising from my participation and/or receipt of instruction in the Activity.

I understand and agree that if I am signing this Waiver/Release on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document of my own behalf.

I acknowledge that I have read this Waiver/Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receiving instruction in the Activity.

Dated: _____________, 20_____      Print Name: __________________________________________________

Sign Name:  __________________________________________________

Parent/Guardian Release:

I am the parent or legal guardian of the minor __________________________, and I am signing this Waiver/Release on behalf of said minor.

Print name of Parent: __________________________________________________

Signature of Parent: ___________________________      Date: ______________________
Appendix C

Background Verification Form


Delaware State University
Background Verification Form – Camp/Program Staff
[External Organizations]

Today’s Date: ________________________       Camp/Program Date(s): ________________________

Camp/Program Name: __________________________________________________________

Camp/Program Organizer Name: ________________________________________________

(“Lessee”) acknowledges the following “Participation of Minors” requirements outlined in the Facilities & Services Contract (Youth Camps/Programs) provided by the DSU Campus Events Office:

PARTICIPATION OF MINORS

A. A prerequisite for the use of the Facilities by any minor is the prior execution and delivery of a University Waiver and Release form by the minor’s parent or guardian to the University. Lessee shall be exclusively responsible for obtaining the requisite signature from each parent or guardian for each participating minor and delivering the same to University in advance of the commencement of the camp and/or any related activities. **NO MINOR MAY PARTICIPATE IN ANY CAMP OR ACTIVITY ON THE UNIVERSITY PREMISES WITHOUT THE PRIOR EXECUTION AND DELIVERY OF A WAIVER AND RELEASE FORM.**

B. By executing this contract, Lessee agrees to abide by the requirements of the Beau Biden Child Protection Act, 31 Del. C. § 309, et. seq. (“Act”), including, without limitation, obtaining requisite background checks on camp/program counselors, employees, contractors, volunteers or other agents helping in the administration of the camp and/or related activities. **LESSEE AFFIRMATIVELY AGREES TO INDEMNIFY, DEFEND AND HOLD UNIVERSITY HARMLESS FROM ITS FAILURE, IN WHOLE OR PART, TO ABIDE BY THE REQUIREMENTS OF THE ACT.**

By signing below, the Camp/Program Organizer as authorized representative of the Lessee, verifies that all camp staff is in compliance with the “Participation of Minors” requirements outlined above. If the camp/program is not in compliance with these requirements, the Lessee assumes all liability that stems from the failure to comply.

Camp/Program Organizer Signature: ________________________       Date: ________________
Appendix D

COVID-19 Camp Organizer Agreement
Campus Events Office
COVID 19 – Camp Organizer Agreement

In response to the COVID-19 pandemic, the Campus Events Office has developed the following guidelines for camps hosted on campus. These guidelines have been put in place to protect the health and safety of our students, faculty and staff as well as surrounding community. The camp organizer plays a critical role in ensuring that a safe environment is present throughout the duration of their camp. The camp organizer is expected to inform all participants of these guidelines and ensure that they comply at all times.

**Summer Camp Guidelines:**
- Masks and/or face coverings are required at all times and may only be removed to eat and/or drink.
- All participants must maintain proper social distancing from each other.
- All events must utilize one of the approved room set-ups provided – any alterations to this floor plan must be approved by the Campus Events Office prior to the camp date.
- Room set-ups cannot be altered in any way by the camp organizer or camp staff.
- No buffet-style food or drink permitted at any events.
- Indoor events must remain to the limit of 50 people or less including hosts and staff, with social distancing of at least 6 feet between persons at all times.
- Outdoor events are limited to 150 people, including hosts and staff, with social distancing of at least 6 feet between persons at all times.
  - Any outdoor venue hosting more than 150 people must have a plan approved by DPH to mitigate spread of COVID-19.
- Camp organizers are required to provide sufficient outdoor restroom access for their event with disinfectant and hand sanitizing stations available in the designated area of the event.

**COVID-19 Testing & Daily Screening Requirements:**
- All organizers, staff and participants must submit a negative COVID-19 test to Student Health Services at covidtestresults2020@desu.edu. The test must be performed within 7 days of the desired reporting date.
- All organizers, staff and participants will be required to be tested two times per week while on campus. The on-campus testing location and instructions will be provided to the camp organizer for distribution.
- All organizers, staff and participants must complete a daily COVID-19 health screening.
  - Visit https://portal.publicsafetycloud.net/manage-self-assessment/delaware-state-university
  - When prompted for a Unique ID, enter your phone number (if you do not have a University D100 number)
  - Role: Select Visitor -- Daily Screening Form
  - Answer the questions and select Submit.
  - Present your virtual badge to campus police upon arrival to campus -each badge is active for 24 hrs.

**Positive COVID-19 Protocol:**
- If any person associated with the camp (organizer, staff, participant) tests positive for COVID-19, they are required to make arrangements to leave campus and return home immediately. A positive test may impact others associated with the camp requiring them to leave campus as well. Specific case-by-case instructions will be provided to the camp organizer by DSU Student Health Services if a positive test is received.

**Sanitation Recommendations:**
- Proper hand washing with disinfecting hand soap (at least 20 seconds or more) and frequent use of hand sanitizer is encouraged.
- Practice good hygiene - cough or sneeze into your elbow.
- Wipe common surfaces down frequently.

*By signing this agreement, I am acknowledging that I understand my expectations as the camp organizer and agree to abide by the guidelines provided. I understand that my inability to effectively enforce these guidelines may prevent me from remaining on campus and/or hosting future camps at DSU.*

__________________________________________  _______________________________  ________________
Camp Host - Print Name                          Camp Host Signature              Date