Old Westbury Gardens

Scout Visit COVID-19 Addendum - 9/15/2021
(Form must be reviewed and signed in agreement - one form per troop/den)

Troop/Den #: ___________________________ Den/Troop level: ___________________________

Old Westbury Gardens is excited to welcome scouts back to in-person education programming this season! OWG strives to deliver consistent, high quality programming that, as always, prioritizes the health and safety of both children and staff. NYS, Gardens, and specific scout organization’s current protocol must be followed to ensure a positive experience for all involved.

How are we keeping your scouts safe?
• Registration is limited to a maximum of 20 scouts per visit.
• Masks are mandatory. Staff and participants will wear a mask at all times, regardless of vaccination status, including outdoors.
• Activities will be led with distancing in mind, for both sit down activities and active games. Individual supplies will be provided for each scout. Sharing of supplies will not be permitted.

What can you do to keep your scouts safe?
• Monitor your child’s health and wellness. If a participant has any of the following symptoms within the previous days that are not caused by another confirmed condition, they must stay home.
  • Fever (100 F) or chills
  • Cough
  • Shortness of breath or difficulty breathing
  • Unusual fatigue
  • Muscle or body aches
  • Headache
  • Recent loss of taste or smell
  • Sore throat
  • Congestion or runny nose
  • Nausea or vomiting
  • Diarrhea
• If participants arrive with any symptoms, they will be sent home.
• Continue to promote and reinforce healthy habits at home. Proper hand washing, covering coughs and sneezes, and good sleeping patterns are just some of the ways to prevent illness.

I acknowledge the contagious nature of COVID-19 and the inherent risks of exposure. I voluntarily assume the risks of illness or injury associated with exposure to COVID-10 by allowing my child/scout/den/troop to participate in on-site instruction and release Old Westbury Gardens, and its trustees, officers, employees, agents and contractors from all liability associated with COVID-19.

I have read and understand the above information and agree to the conditions stated therein.

Name (Please print) ________________________________________________________________

Signature: ___________________________ Date: ___________________________