



# COVID 19 SCREENING and WAIVER

Belmont Arena

Port Stanley Arena

## Current Temperature:

Parent/Guardian _____	Child/Participant 1 (same family) _____	Child/Participant 2 (same family) _____
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Are you currently experiencing any COVID – 19 Symptoms? This includes fever, chills, coughing, shortness of breath, sore throat, difficulty swallowing, runny or stuffy nose, lost sense of taste or smell, headache, muscle aches, extreme tiredness, or digestive issues like nausea/vomiting, diarrhea, stomach pain.

Parent/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Child/Participant 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Child/Participant 2 (same family) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you travelled outside of Canada in the lasts 14 days?

Parent/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Child/Participant 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Child/Participant 2 (same family) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you been in close contact with someone who has returned from outside of Canada with new COVID-19 symptoms? (e.g. a cough, fever or difficulty breathing?)

Parent/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Child/Participant 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Child/Participant 2 (same family) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you been in close contact with someone who is currently sick with new COVID-19 symptoms (e.g. a cough, fever, or difficulty breathing?)

Parent/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Child/Participant 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Child/Participant 2 (same family) <input type="checkbox"/> Yes <input type="checkbox"/> No
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## WAIVER/RELEASE:

The undersigned agrees that, in using the facilities at the Municipality of Central Elgin he/she does so entirely at their own risk and hereby releases the Municipality of Central Elgin, its staff and suppliers from any and all claims associated with the use of the facilities, particular with respect to potential exposure to any virus or pathogen including COVID-19.

Date:	Name (Participant 1) Signature_____	Age (if under 18)
	NAME (Participant 2 same family)	Age (if under 18)
	NAME GUARDIAN (if applicable) Signature_____	Phone Number