

COVID-19 Acknowledgment and Risk Consent Form

Personal Information

Full Name

Date

Email Address

COVID-19 Risk Acknowledgment

I acknowledge that I am aware of the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in activities at this location, and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 at this location may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, volunteers, and other participants.

- I have not experienced symptoms of COVID-19 in the past 14 days.
- I have not been diagnosed with COVID-19 in the past 14 days.
- I have not knowingly been exposed to anyone with COVID-19 in the past 14 days.

I have read and understand the above statements. I hereby voluntarily accept and assume all risks related to exposure to COVID-19.

Additional Comments (optional)

Signature:

Date:

