

Health and Safety Release Form for COVID-19

In response to the COVID-19 pandemic, we are committed to maintaining a safe environment. Please complete this form before participating in person.

Personal Information

Full Name

Date

Phone Number

Email

Health Screening

I confirm I am not experiencing symptoms such as fever, cough, difficulty breathing, or loss of taste/smell.

I confirm I have not been in close contact with someone diagnosed with COVID-19 in the last 14 days.

I confirm I have not traveled internationally in the last 14 days.

Assumption of Risk

I understand and acknowledge the contagious nature of COVID-19 and voluntarily assume the risk of exposure or infection by attending this event. I agree to comply with all safety guidelines provided by the organizers.

Release of Liability

I hereby release and hold harmless the organization, its representatives, and affiliates from any claims arising out of exposure to COVID-19 during my participation.

Signature

Date

