

Coronavirus (COVID-19) Health Waiver Agreement

Participant Information

Full Name:

Phone Number:

Email Address:

Address:

Health Declaration

I hereby acknowledge the contagious nature of Coronavirus/COVID-19 and voluntarily assume the risk that I may be exposed to or infected by Coronavirus/COVID-19 by participating in services, programs, or gatherings at this facility.

I certify that within the past 14 days:

- I have not experienced any symptoms of COVID-19 (including cough, shortness of breath, fever, chills, muscle pain, sore throat, new loss of taste or smell).
- I have not been diagnosed with COVID-19.
- I have not knowingly been in close contact with anyone who has tested positive for COVID-19.

Waiver & Release

I hereby release and hold harmless [Organization/Business Name], its employees, agents, and representatives, from any and all liability in connection with exposure, infection, or spread of COVID-19 related to my participation. I agree to comply with all health and safety guidelines as required.

Signature:

Date: _____

Parent/Guardian Signature (if under 18):

Date: _____