

For the safety of all participating in our event, please be mindful of social distancing and wearing a face covering over your nose and mouth when applicable. If you are experiencing any Covid related symptoms, we ask that you refrain from entering the event area and seek medical attention immediately.

We appreciate your cooperation in answering the questions below to be filled out THE DAY OF THE EVENT:

In the past 14 days, have you tested positive for or been diagnosed with COVID-19?

YES NO

In the past 14 days, have you been in close contact with anyone who tested positive for COVID-19?

YES NO

Have you or anyone in your household had any of the following symptoms in the last 14 days? Sore throat, cough, chills, fever, muscle aches, difficulty breathing or shortness of breath.

YES NO

EMERGENCY CONTACT INFORMATION

NAME: _____

RELATIONSHIP: _____

PHONE: _____