



Health Screening and Waiver of Consent

Group/Team Name: _____

Head Coach/Trainer: _____

Phone Number: _____

Date: _____

ALL PARTICIPANTS IN TODAY'S TRAINING SESSION AGREE TO THE FOLLOWING:

In the past 14 days, neither I, nor anybody in my household as had any of the following symptoms:

- *Fever *Cough *Shortness of Breath *Sore Throat *Chills
- *Loss of Taste or Smell *Vomiting or Diarrhea (in the last 24 hours)

I agree to follow the social distancing guidelines below at a minimum while using the facility

- *Wearing a facial covering when entering and exiting the facility and not actively participating
- *Maintaining six feet of distance between myself and other participants to the greatest extent possible
- *Utilizing hand sanitation stations upon entering and exiting the facility
- *Cover any coughs or sneezes

Name

Signature

Name

Signature

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