

Health Declaration & Waiver Form

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Do you (or the person for whom you are completing this form) currently have symptoms of, or have you been diagnosed with, pneumonia orcoronavirus disease (COVID-19)? |  |  |
| 2. In the past 14 days, have you (or the person for whom you are completing this form) been in contact with someone who is or could be infected withcoronavirus? |  |  |
| 3. Have you (or the person for whom you are completing this form) beenadvised to self-isolate by the NHS track and trace service? |  |  |
| 1. In the past 24 hours, have you (or the person for whom you are completing this form) had any of the following symptoms:
	1. Fever
	2. A new, continuous cough
	3. Loss or change to your sense of smell or taste.
 |  |  |
| 5. I acknowledge that Lee Valley Lions IHC have put in place preventative measures to reduce the spread of Covid-19 and I agree to follow theguidance as detailed in the Covid-19 Plan. |  |  |
| 6. By signing this document, I acknowledge the contagious nature of Covid-19 and voluntarily assume the risk and accept full responsibility that I may be exposed to or infected by Covid19. |  |  |
| 7. I further acknowledge that Lee Valley Lions IHC cannot guarantee that I will not become infected with Covid-19. I understand that the risk of becoming exposed to and/or infected by Covid-19 may result from the actions, omissions, or negligence of myself and others, including, but notlimited to, coaches, ice rink staff, and other students and their families. |  |  |
| 8. I agree for my contact details to be passed on to the NHS Track and Traceservice should any attendees begin to show symptoms of Covid-19. |  |  |
|  |
| **Player/Members Name** |
| **Signed Date** |
| **Name** |
| **Contact Number****(for track and trace if required)** |
| **Address** |