

Health Declaration & Waiver Form

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|  | 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 or  coronavirus 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 with  coronavirus? |  |  |
| 3. Have you (or the person for whom you are completing this form) been  advised 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 the  guidance 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 not  limited 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 Trace  service should any attendees begin to show symptoms of Covid-19. |  |  |
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| **Player/Members Name** | | |
| **Signed Date** | | |
| **Name** | | |
| **Contact Number**  **(for track and trace if required)** | | |
| **Address** | | |