



Sign-in Participant Acknowledgment

This is to acknowledge the following: (Please Check Boxes if "YES")

- I am NOT currently experiencing any COVID-19 symptoms such as dry cough, fever, shortness of breath, difficulty breathing, chills, sore throat, or new loss of sense of smell and/or taste.
- I have NOT experienced any COVID-19 symptoms within the last fourteen (14) days.
- No one in my household has experienced COVID-19 symptoms or tested positive for COVID-19 within the last fourteen (14) days.
- I have not been exposed to a person with known or suspected COVID-19 within the last fourteen (14) days.
 - Exposure based on CDC guidance means having close contact, less than six (6) feet, for 15 minutes or more, with a person who has tested positive for COVID-19 or has COVID-19 symptoms.*
- I have NOT been placed on quarantine restrictions by a medical doctor or healthcare professional in the past fourteen (14) days.

I understand that participants with a fever of 100.4 degrees or higher, cough or who exhibit other COVID-19 symptoms will not be allowed to participate in the event.

Full Name: _____

Signed: _____ **Date:** _____

Current Address: _____
Number Street City State Zip

Phone Number: _____

For Office Use Only:

___ Participant's temperature has been checked and it is less than 100.4 degrees.

___ Participant's temperature has been checked and it is NOT less than 100.4 degrees.

Temperature: _____ Time Recorded: _____