



24th TAE KWON DO CAMP

COVID-19 Waiver

Please print and complete for EACH attendee and bring to check-in EACH day of Camp

Date: _____

Legal Name: _____ Temp: _____

1) Have you, or any of your household, traveled outside the United States with in the last 14 days?

YES _____ NO _____

2) Have you been in close contact* with any person diagnosed (laboratory confirmed) with the Coronavirus (COVID-19)? YES _____ NO _____

**Close contact as defined by:*

- Being within approximately 6 feet (2 meters) of a Covid 19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or share a healthcare waiting area or room with a COVID 19 case, or

- Having direct contact with infectious secretions of a COVID- 19 case (e.g. being coughed or sneezed on)

3) Have you experienced any of the following symptoms in the last 14 days: cough, shortness of breath, muscle pain, headache, sore throat, new loss of taste/smell, chills, repeated shaking with chills and/or fever? YES _____ NO _____

4) I understand that Masks/Face coverings are optional while training at Camp and understand those risks of not wearing a Mask/Face Covering. YES _____ NO _____

Signature or Parent/Guardian Signature if Under the Age of 18.