



COVID-19 Health Information & Liability Waiver

Camp attendee /coach name: _____ Date: _____

COVID-19 Information

Please answer these COVID-19 health questions below:

1. Have you had a fever in the last 24 hours of 100°F or above? Yes ☐ No ☐

2. Do you now, or have you recently had, any respiratory or flu symptoms (including fever, chills, sore throat, cough, muscle aches, or shortness of breath)?
Yes ☐ No ☐

3. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes ☐ No ☐

Consent to attend camp

I understand that, because a running camp involves close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from attending a camp at this time, I voluntarily agree to assume those risks, and I release and hold harmless Terence Chiplin dba Active at Altitude from any claims related thereto. I give my consent to attend or coach this running camp.

Client or coach signature: _____ Date: _____