

Rockbridge Hunt Covid -19 Pandemic Symptoms Waiver

Symptoms: Check One

_____ I do not currently, nor have had in the last two weeks a fever, cough, chills, unexplained muscle pain, unexplained fatigue, shortness of breath, sore throat, loss of taste or smell.

_____ I have experienced the above symptoms

Contact: Check One

_____ To the best of my knowledge, I do not have, nor have been in direct contact with someone who has confirmed diagnosis of COVID-19, nor been around anyone experiencing symptoms as described above.

_____ I have been in contact with someone who has COVID-19 or suspected to have Covid-19

Date: _____

Print your first and last name _____

Sign your first and last name _____

Name of Minor Rider _____

Print first & last name of parent /legal guardian _____

Signature of parent/legal guardian _____