

Name \_\_\_\_\_

### **Screening questionnaire**

Are you currently displaying any of the signs or symptoms consistent with COVID-19: new or worsening fever, cough, congestion, sore throat, runny nose or shortness of breath? YES NO

Have you travelled outside of Canada in the past 14 days? YES NO

In the past 14 days have you had close contact with a person who has tested positive for Covid-19? YES NO

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I understand that all precautions outlined by AHS have been put in place at The Leftover Run "The Event" by Be There Races. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending The Event. I voluntarily agree to assume any and all risk. I understand that this acknowledgement is in addition to, not instead of previously signed waivers.

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By signing this agreement, I acknowledge that I have read the race day rules and protocols in their entirety; that I understand these rules and protocols and I agree to abide by them.

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Signature  
(parent or guardian if under 18)

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Date