

COVID-19 ACKNOWLEDGMENT FORM

PARTICIPANT NAME: _____

PARTICIPANT/GUARDIAN SIGNATURE: _____

The Wahoo Parks and Recreation Department is taking great care to ensure the safety of participants who visit their facilities and to prevent the community spread of COVID-19. As such, participants will only be allowed to use the facilities if they do not have any of the following coronavirus symptoms and acknowledge as such below:

- | | | |
|---|------------------------------|-----------------------------|
| Cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of Breath or Difficulty Breathing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Muscle Pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore Throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New Loss of Taste or Smell | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prior COVID-19 Hospitalization | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PARTICIPANTS FURTHER ACKNOWLEDGE AND AGREE THAT SHOULD THEY DEVELOP ANY OF THE ABOVE SYMPTOMS THEY WILL REFRAIN FROM USING THE FACILITIES HEREAFTER UNTIL THEY ARE NOT SYMPTOMATIC IN ANY WAY.

Participants further acknowledge that there is a greater risk of contracting COVID-19 if they have been in contact with known or suspected cases and/or have traveled outside of the continental United States. As such, participants must acknowledge they do not bear this risk in order to use the facilities and are indicating as such below:

- Had contact with known or suspected case of COVID-19? Yes No Unknown
- Have traveled outside the country in 2020? Yes No