



Temp at Check-in _____

Covid-19 Screening Tool and Liability Wavier

Racer Name: _____

(Please print)

Circle yes or no to the following questions:

Have you received a (+) COVID test within the past 14 days? **Yes No**

Have you been around anyone who has tested positive in the last 14 days? **Yes No**

Have you had any ***new or abnormal*** symptoms of COVID in the last 14 days:

Cough **Yes No** Sore Throat **Yes No**

Shortness of breath **Yes No** Loss of taste or smell **Yes No**

Body aches **Yes No** Headache **Yes No**

Nausea/Vomiting **Yes No** Diarrhea **Yes No**

To participate, I will accept all rules, conditions, and regulations and agree to comply with them. The race director(s) or designated personnel has the right to stop any participant who in their opinion is not fit to continue. This entry contains a release and waiver. Signing does away with any claim of injury. No entry will be accepted without a signature. In consideration of the acceptance of my entry, I for myself, my executors, heirs, administrators, and assigns do hereby release and discharge the "SYLAMORE TRAIL RUNS" all sponsors, and all volunteer groups or individuals. I am physically fit and sufficiently trained to participate in this endurance event and assume all risk.

Printed Name

Signature

Date