



COVID-19 Health Information & Liability Waiver

Conference participant

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 the 2020 US Trail Running Conference

I understand that, because a Conference 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 Conference at this time, I voluntarily agree to assume those risks, and I release and hold harmless Terence Chiplin dba Active at Altitude and US Trail Running Conference from any claims related thereto. I give my consent to attend this Conference.

Participant signature: _____

Date: _____