



COVID-19 Self-Certification Health Questionnaire and Voluntary Waiver and Release of Liability

Personal Information
Date
Name
Phone
Email
Coach

Questionnaire	Yes	No
Do you have signs of a fever or a measured temperature greater than 100 degrees Fahrenheit within the past 24 hours?		
Do you have a cough or have had trouble breathing in the last 24 hours?		
Have you had close contact with an individual diagnosed with COVID-19? (Close contact is defined as living in the same household, caring for, being within 6 feet of, or coming into direct contact with the secretions of a person who has tested positive for COVID-19.)		
Have you been asked to self-isolate or quarantine by a doctor or public health official?		
Have you lost your sense of smell and/or taste?		
Have you had any muscle aches, sore throat and or nasal congestion?		
Have you skated in another ice rink besides The Skating Club of Boston in the past 14 days?		
Have you been outside of Massachusetts in the past 14 days?		

Acknowledgement of The Skating Club of Boston's COVID-19 Policies	Yes	No
Do you agree to a contactless temperature check before entering the Club?		
Do you agree to maintain a 6 foot distance from other individuals whenever possible?		
Do you agree to bring and then wear a facemask at all times while inside the facility?		

(Please see other side to complete.)

Voluntary Waiver and Release of Liability

Using the measures and guidelines provided by the Commonwealth of Massachusetts, the City of Boston, U.S. Figure Skating and the U.S. Rinks Association, I understand that The Skating Club of Boston has put in place enhanced health and safety measures to reduce the spread of COVID-19. I also understand that the Club cannot guarantee that I or my child(ren) will not become infected with COVID-19.

By signing this agreement and visiting and using the facilities of The Skating Club of Boston, I acknowledge that an inherent risk of exposure to COVID-19 exists in any public place where people are present. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club, and that such exposure or infection may result in extreme illness, permanent disability, and possibly death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Club or participation in Club programming ("Claims").

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

Signature of Parent or Guardian

Date

Printed Name

Name of Participating Member