



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

Anyone entering the building must complete this form once per day.

Contact Information

Today's Date _____
First Name _____
Last Name _____
Phone _____
Reason for Attending _____
Email Address _____

Health Questionnaire

	Yes	No
Have you had signs of a fever or a measured temperature greater than 100 degrees Fahrenheit within the past 24 hours?	<input type="radio"/>	<input type="radio"/>
Do you have a cough or have had trouble breathing in the last 24 hours?	<input type="radio"/>	<input type="radio"/>
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.)	<input type="radio"/>	<input type="radio"/>
Have you been asked to self-isolate or quarantine by a doctor or public health official?	<input type="radio"/>	<input type="radio"/>
Have you lost your sense of smell and/or taste?	<input type="radio"/>	<input type="radio"/>
Have you had any muscle aches, sore throat and or nasal congestion?	<input type="radio"/>	<input type="radio"/>
Have you skated in another rink besides The Skating Club of Boston in the last 14 days?	<input type="radio"/>	<input type="radio"/>
Have you been outside of Massachusetts in the past 14 days?	<input type="radio"/>	<input type="radio"/>

Acknowledgement of The Skating Club of Boston's COVID-19 Policies

Acknowledgement

	Yes	No
Do you agree to contact-less temperature checks each time upon entering the facility?	<input type="radio"/>	<input type="radio"/>
Do you agree to maintain 6-foot social distance from other individuals wherever possible?	<input type="radio"/>	<input type="radio"/>
Do you agree to bring and wear a face covering at all times?	<input type="radio"/>	<input type="radio"/>
I have read, understand, and agree to follow the Club's COVID-19 Safety Protocols (Updated October 14, 2020).	<input type="radio"/>	<input type="radio"/>

Voluntary Waiver and Release of Liability

Using the measures and guidelines provided by the Commonwealth of Massachusetts, 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. I understand that falsifying responses will result in a \$250 fine per day and/or possible suspension from member privileges. *

I have read and agree to the above Waiver and Release of Liability

Name of Participant(s) _____

Today's Date _____

Signature of Skater (Parent or Guardian if under 18)