

COVID 19 SCREENING TOOL & WAIVER/RELEASE FORM

Facility: CPA CNC T&H AAA ZONE OTHER

Have you or anyone near you travelled outside of Canada in the last 14 days?

YES NO

Have you or anyone near you recently experienced a change in health, including:

Fever, new cough or difficulty breathing, loss of taste or smell (or a combination of these symptoms)?

YES NO

Muscle aches, fatigue, headache, sore throat, runny nose or diarrhea?

YES NO

Does anyone near you have COVID-19 (e.g., someone in your household or workplace)?

YES NO

Are you in close contact with a person who is sick with respiratory symptoms (for example, fever, cough or difficulty breathing) who recently travelled outside of Canada?

YES NO

STAFF USE: INDICATED FEVER?

YES NO

WAIVER:/RELEASE: The undersigned agrees that, in using the facilities at Central Park Athletics (CPA) he/she does so entirely at their own risk and hereby releases Central Park Athletics (CPA), its staff and suppliers from any and all claims associated with the use of the facilities, particularly with respect to potential exposure to any virus or pathogen including Covid19.

Date _____ Age _____ Guardian Name _____
(IF UNDER 18 YEARS OF AGE)

Name _____ Signature _____



3400 Grand Marais E.,
Windsor, ON N8W 1W7
Phone: 519-944-8000
centralparkathletics.com