Team River Runner Pre-Event COVID-19 Screening Form – 11/16/2022

To protect you and others, we require all potential participants at TRR-sponsored events to review this form prior to attendance. This form will be updated frequently to remain consistent with the latest CDC guidance.

Per the CDC, people at higher risk of severe illness from the COVID 19 virus are people:

- Older Adults
- People with Medical Conditions

Other People Who Need Extra Precautions:

Your Individual Situation	**Where You Live**
Racial and Ethnic Minority Groups	People Living in Rural Communities
Pregnancy and Breastfeeding	People Experiencing Homelessness
People with Disabilities	Persons in Correctional and Detention Facilities
Developmental and Behavioral Disorders	Newly Resettled Refugee Populations
Drug Use and Substance Use Disorder	Nursing Home and Longer-Term Care Facilities
	Group Homes for People with Disabilities

People in these categories should strongly consider whether they wish to increase their potential exposure by participating in TRR activities. While TRR has initiated protocols to reduce risk of exposure, elimination of exposure risk is not possible.

Symptoms or positive test - Anyone experiencing any of the following new symptoms within the last 48 hours or with a positive COVID-19 test should follow CDC guidelines for quarantine and isolation and may return to TRR events:

- 5 days after symptoms first appeared **and**
- 24 hours with no fever without the use of fever-reducing medications **and**
- Other symptoms are improving.

Positive test & severe symptoms require a 10-day quarantine from when the symptoms first appeared.

If you had a positive test and no symptoms, you may return 5 days after the test was completed.

Symptoms
Fever or chills (100.5 F (38 C) or above)
Cough
Shortness of breath or difficulty breathing
Fatigue
Muscle or body aches
Headache
New loss of taste or smell
Sore Throat

Congestion or runny nose
Nausea or vomiting
Diarrhea

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Team River Runner programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Team River Runner, their officers, officials, agents, and employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____