



Health Declaration and Waiver Form

	Yes	No
1. Do you (or the person for whom you are completing this form) currently have symptoms of, or have you been diagnosed with, pneumonia or Covid-19?		
2. In the past 14 days, have you (or the person for whom you are completing this form) been in contact with someone who is or could be infected with Covid-19?		
3. Have you (or the person for whom you are completing this form) been advised to self-isolate by the NHS track and trace service?		
4. In the past 24 hours, have you (or the person for whom you are completing this form) had any of the following symptoms: <ul style="list-style-type: none"> a. Fever b. A new, continuous cough c. Loss or change to your sense of smell or taste. 		
5. I acknowledge that King's Elite Goaltending have put in place preventative measures to reduce the spread of Covid-19 and I agree to follow the guidance as detailed in the Covid-19 Plan.		
6. By signing this document, I acknowledge the contagious nature of Covid-19 and voluntarily assume the risk and accept full responsibility that my child(ren) and I may be exposed to or infected by Covid-19.		
7. I further acknowledge that King's Elite Goaltending cannot guarantee that I will not become infected with Covid-19. I understand that the risk of becoming exposed to and/or infected by Covid-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, coaches, ice rink staff, and other students and their families.		
8. I agree for my contact details to be passed on to the NHS Track and Trace service should any attendees begin to show symptoms of Covid-19.		
Student's Name		
Signed		
Name		
Contact Number (for track and trace if required)		
Date		