

APRD Health Declaration Form - COVID-19

Required to be submitted for every participate of Arbuckle Parks and Recreation District's programs & events.

I, _____, hereby verify the following:
Within the twenty one (21) days immediately preceding the Date of this Health Declaration Form ("Declaration")

I HAVE NOT:

- a. tested positive or presumptively positive with the Coronavirus or been identified as a potential carrier of the COVID-19 virus or similar communicable illness ("Coronavirus")
- b. experienced any symptoms commonly associated with the Coronavirus
 - 1. fever, chills, cough, shortness of breath or difficulty breathing, body aches, headache, new loss of taste or smell or sore throat
- c. been in any location positively designated as hazardous and/or potentially infected with the Coronavirus by a recognized health or regulatory authority, such as a country for which the Center for Disease Control and Prevention ("CDC") issued a Level 3 Travel Advisory for Coronavirus
- d. been in direct contact with or the immediate vicinity of any person I knew and/or now know to be carrying the Coronavirus or has been identified as a potential carrier of the Coronavirus

I AGREE to notify APRD (by email to aprd.mgrimmer@gmail.com) of any change in status, including diagnosis with Coronavirus and/or quarantine, within twenty four hours

I WILL, if asked, wear a mask at all times during all APRD events and programs, and will take all reasonable steps to maintain social distancing, including .

I WILL consent to having my temperature taken by any representative or agent of APRD

I AFFIRM that all the above statements apply equally to the following minors under the age of 18 who are in my custody or care, if any (please attach an additional page as needed)

In signing below, I, an individual over the age of 18 of sound mind, knowingly, voluntarily, and freely agree to the terms of this binding Declaration, and in doing so represent the truthfulness and veracity of the above answers.

(Signature)

(Date)

Minor Child

(Date of Birth)

(Minor Child

(Date of Birth)

(Minor Child

(Date of Birth)