

CWC COVID-19 Open Mats Waiver

This assessment should be completed by all wrestlers or their parents prior to accessing the Coyote Wrestling Club Open Mat Sessions. **EACH** participant should bring a completed form to each session.

The Coyote Wrestling Club is not liable for any costs associated with any medical conditions as a result of attending any or all sessions of Coyote Wrestling Club Open Mats.

Individual Contact Information:

Name:	
Address:	
Phone Number:	
Email:	

Self-Assessment Questionnaire

YES/NO

In the past 14 Days have you or your child traveled to locations outside the Country	
In the past 14 days have you or your child had close contact with someone with flu like symptoms/COVID-19 symptoms or someone who is confirmed positive for COVID-19 Close contact is defined as: <ul style="list-style-type: none"> • Close physical contact with a person while they were infectious without consistent and appropriate use of PPE OR • Lived with or otherwise had close prolonged contact* (within 6 feet) with a person while they were infectious OR *Greater than 15 minutes face-to-face contact in any setting, or sharing of a closed space for more than 2 hours (e.g.: motor vehicle, small room, public space) • Direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended PPE 	
Do you or your child have any of the following? <ul style="list-style-type: none"> • Fever, cough, shortness of breath, difficulty breathing, sore throat, runny nose, chills, painful to swallow, stuffy nose, headache, muscle & joint pain, feeling unwell, fatigue or severe exhaustion, nausea, vomiting, diarrhea or unexplained loss of weight, loss of taste and smell and pink eye 	
Have you or your child been advised to self-isolate or be quarantined due to exposure to COVID-19	
Have you answered <u>YES</u> to any of these questions in pertinence to you or your child? <ul style="list-style-type: none"> • If any questions were answered Yes, do NOT attend any open mat sessions until all questions can be answered NO. 	

Parent/Guardian Signature: _____ **Date:** _____

Note: For the health and safety of the coyote wrestling club volunteers and athletes it is incumbent that the information provided is accurate and factual. Falsification of information may result in removal from the Coyote Wrestling Club.