

### Vernon Vortex Wellness Waiver

By signing the following, you acknowledge you are healthy and safe to participate in practices with the Vernon Speed skating.

Before arriving at practice, all skaters must review the following list and self assess for New and/or Worsening symptoms.

Are you experiencing now or within 24Hrs any of these symptoms?  
Please **check** all that apply.

Yes Yes

<input type="checkbox"/>	Fever	<input type="checkbox"/>	New or Worsening Cough
<input type="checkbox"/>	Difficulty Breathing	<input type="checkbox"/>	Sore Throat
<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Runny/Stuffy Nose
<input type="checkbox"/>	Body aches	<input type="checkbox"/>	Loss of Sense of Smell / Taste
<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Diarrhea or vomiting

If you answered YES to any of the questions, DO NOT attend practice.

If severe enough, call 811 or your Family Doctor

If you answered NO to the above questions, please sign below confirming you are well enough to attend practice:

Skater Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature of Skater \_\_\_\_\_ Phone # or e-mail to contact \_\_\_\_\_

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