**Hoosier Canoe and Kayak COVID-19 Screening and Trip Waiver**

Trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trip Sponsor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of being permitted to participate In Hoosier Canoe Club activities (including kayak instruction and classes), I, for myself and for my personal representatives, assigns and heirs and next of kin; acknowledge, agree, and represent that I understand that: a) Paddlesports and related activities involve risks and dangers of personal property and serious bodily injury, including permanent disability, paralysis, and Death (risks) b) These risks and dangers may be caused by my own actions or inactions, the actions and inactions of others or the conditions of the place where the activity takes place c) there may be risks, social and economic losses, either known to me or not and may or may not be readily foreseeable at this time. I fully accept all such risks and all responsibility for losses, costs, and damages I incur as a result of participating in Hoosier canoe club activities. I hereby, release and discharge and covenant not to sue all members, guests, officers and trip sponsors of Hoosier Canoe club from all liabilities, losses, demands, damages, bodily injuries or other damages including negligent rescue operations. I have read and fully understand this agreement. I understand that I have given up substantial rights by signing it. I understand I have I have provided a complete and unconditional release of all liabilities to the greatest extent allowed by law.

Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COVID-19 Self- Screening TEMPERATURE Day Submitted \_\_\_\_\_\_\_\_\_\_\_\_ (Must be less than 100F)**

|  |  |  |
| --- | --- | --- |
| **Have you had any of the following in the last 3 days?** | YES | NO |
| Fever (Temp >100F) or chills |  |  |
| Cough |  |  |
| Shortness of Breath or Difficulty Breathing |  |  |
| Headache or Body Aches |  |  |
| Fatigue |  |  |
| Runny or Stuffy Nose |  |  |
| Nausea, Vomiting or Diarrhea |  |  |
| Recent Loss of Taste or Smell |  |  |

***If you answer YES to any question, you cannot participate in this trip until you have been free of symptoms for 72hrs AND 7 days have passed since your first symptom***

|  |  |  |
| --- | --- | --- |
| **In the Last 14 Days:** | YES | NO |
| Has anyone in your household been diagnosed with COVID-19? |  |  |
| Have you been told to Quarantine yourself by Public Health Official? If so, when does your 14 day quarantine end? |  |  |
| Have you been in close contact (<6 feet for prolonged period) with someone who has tested positive for COVID-19? |  |  |
| Have you traveled outside the US, on a cruise or on any US Commercial airline? |  |  |

***If you answer YES to any question you cannot participate in this trip and should self- quarantine until 14 days have passed since time of potential exposure***