

# COVID 19 SCREENING TOOL & WAIVER/RELEASE FORM

Facility:  CPA  CNC  T&H  AAA ZONE  OTHER

Have you or anyone near you travelled outside of Canada in the last 14 days?

YES  NO

Have you or anyone near you recently experienced a change in health, including:

Fever, new cough or difficulty breathing, loss of taste or smell (or a combination of these symptoms)?

YES  NO

Muscle aches, fatigue, headache, sore throat, runny nose or diarrhea?

YES  NO

Does anyone near you have COVID-19 (e.g., someone in your household or workplace)?

YES  NO

Are you in close contact with a person who is sick with respiratory symptoms (for example, fever, cough or difficulty breathing) who recently travelled outside of Canada?

YES  NO

STAFF USE: INDICATED FEVER?

YES  NO

WAIVER:/RELEASE: The undersigned agrees that, in using the facilities at Central Park Athletics (CPA) he/she does so entirely at their own risk and hereby releases Central Park Athletics (CPA), its staff and suppliers from any and all claims associated with the use of the facilities, particularly with respect to potential exposure to any virus or pathogen including Covid19.

Date \_\_\_\_\_ Age \_\_\_\_\_ Guardian Name \_\_\_\_\_  
(IF UNDER 18 YEARS OF AGE)

Name \_\_\_\_\_ Signature \_\_\_\_\_



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