

COVID-19 Symptom Self-Certification

Swords Fencing Studio COVID-19 Symptoms and Certification and Acknowledgement.
Please fill out the form below for each time BEFORE you enter into the studio. We must be able to hold each of our participants accountable in order to provide an environment that is safe for all our students, parents, coaches, and spectators and to limit the risk of COVID-19 exposure as much as possible.

1.Name of Person Completing Form

2.Name of Fencer (if minor child)

3.Email where the above mentioned person or guardian can be notified of any updates:

4.Date of Lesson/Activity at the facility.

5.I certify that I do not, in the last 24-48 hours nor do I currently, have the following symptoms:

- a. Fever(>100.4 degrees F) or Chills
- b. Cough
- c. Shortness of breath or difficulty breathing
- d. Fatigue
- e. Muscle or body aches
- f. Headache
- g. New loss of taste or smell
- h. Sore Throat
- i. Congestion or runny nose
- j. Nausea or vomiting
- k. Diarrhea

I certify that I do not have any of the above symptoms

6.I have checked using a thermometer approved for checking human temperature, today before coming Swords Fencing Studio (collectively "The Facility") that I do not have a fever.

I certify affirmatively to the above statement and do not have a fever.

7.I understand that if I, or my child(if the fencer is a minor), begin to have any symptoms of illness while at the facility, I will immediately notify Tigran Shaginian (collectively "Coaches"). I will be required to immediately leave The Facility. I also understand that my actions in failing to notify the Coaches, that I'm putting myself and many others at risk of infection of COVID-19.

I acknowledge and certify that I will follow the above requirements.

8.I understand and agree that I will notify the Coaches if myself or my child becomes ill with any of the aforementioned symptoms after being at The Facility in the prior fourteen (14) days from the last day I or my child was present.

I agree to notify the Coaches immediately

9.I understand and acknowledge that the Coaches retain all rights and have final authority to send anyone home, who in their opinion is ill while at the facility. Parents of minor children at the facility understand they will be required to immediately take their child home.

I affirmatively understand and acknowledge the above statement.

10.I understand that some of the information I'm providing may be considered personal health information. I also understand that it is a requirement by the local, state, and/or federal government that I provide this information to the Coaches, Swords Fencing Studio. I also understand that the Coaches will make every effort to keep the information contained herein confidential to the extent they can, but do not represent or warrant that they will in all circumstances maintain a legal level of confidentiality except to the extent they are required to by law. At no time will the Coaches or Swords Fencing Studio, sell or otherwise distribute the information in this certification for profit or gain in accordance with all applicable privacy laws and regulations. I release, indemnify, and hold harmless the Coaches and Swords Fencing Studio from any and all liability for the release of that information in such cases where the information is required by governmental authorities, subpoena, or other requirements of law to do so.

I understand and do hereby release, indemnify, and hold harmless the Coaches and Swords Fencing Studio.

11.I understand that if I come to the facility after falsely certifying or become sick in the course of being at the facility I may be liable for the enhanced cleaning fees required by the local, state, or federal requirements of a facility with a possible or known case of COVID-19.

I understand and agree that I will be responsible for any cleaning fees which may be charged to my account for reasons noted above.

12.I understand and acknowledge that at this time other non-fencing family members, guests, invitees, etc. will not be allowed into The Facility. Any members who are minor children may be allowed to have one parent/guardian

present while at The Facility. All students, members, or family members who are present at The Facility understand and acknowledge that cloth face masks or similar **MUST BE WORN AT ALL TIMES PRESENT** in The Facility. Social distancing must be maintained to the extent possibly feasible in compliance with Local, State, and Federal guidelines. Failure to meet these requirements will result in the Coaches requiring the entire group associated with the member and including the member to leave.

I affirmatively acknowledge, understand, and agree to the above policy.

13. I certify that you and/or your minor child “fencer” has not been in contact or live with anyone who has been either been in contact with, exhibiting symptoms of, or tested positive for COVID-19.

I certify and affirm

14. By submitting this form, I'm acknowledging and agreeing to the requirements set forth above. If you cannot affirm, certify, acknowledge, or do not agree with the information contained in this form, please contact your Coach for more information. However, failing to submit this form prior to arrival at The Facility is grounds for the Coaches to ask you to leave for the safety of all of the people at the club.

Signature