

COVID-19 Declaration

I _____ certify that I meet the following conditions:

- In the last 14 days, I have not had nor currently have any of the symptoms listed below:
 - Fever
 - Chills
 - Cough
 - Sore throat
 - Muscle pain
 - Shortness of breath or difficulty breathing
 - New loss of taste or smell

- I have not been in close contact with anyone who has tested positive for the Covid-19 virus in the last 14 days.

- I am not required by the Department of Health or any other authority to be in quarantine.

- I have not traveled to a 'hot spot', location with high rates of Covid-19, in the last 14 days.

- I have not flown on a commercial airline in the last 14 days.

- I have not tested positive for Covid-19 in the last 14 days.

- Temperature on race day (official use only): _____

Signature: _____

Date: _____