

COVID-19 Declaration

I certify the following:

- It has been 10 days or more since I have had any of the symptoms listed below:
 - Have been fever-free for at least 24 hours
 - Chills or fatigue
 - Cough
 - Sore throat
 - Muscle pain
 - Shortness of breath or difficulty breathing
 - 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 10 days or have a negative Covid-19 test within the last 72 hrs.

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

- I have not flown on a commercial airline in the last 7 days.

- I have not tested positive for Covid-19 in the last 10 days.

→ Your temperature will be taken at check-in and must be below 100.4 °F in order to participate in the event.

Signature: _____

Date: _____