Potomac Valley Track Club COVID Symptom survey for all comer meet

Circle your status for the meet spectator volunteer official or athlete _____bib #

Name: _____ Temperature check: _____

City: _____ ST: ___ Gender: ___ Age: _____ DOB: _____

Please understand that we can not allow an athlete to compete who cannot show a negative test or proof of vaccination, or is symptomatic.

Proof shown of COVID vaccination _____ or negative COVID test _____

1. I have had signs or symptoms of COVID 19 in the past 7 days YES NO

2. If yes to #1, then have symptoms have been resolved in for at least 72 hours
N/A YES NO

3. I have had close contact with someone sick with COVID like symptoms in the past 14 days
YES NO

4. I have travelled internationally in the past 10 days YES NO
If yes to #4…… I have done one of the following N/A YES NO
   a) Completed a 10 day quarantine or
   b) Completed a 7 day quarantine with a negative test within 3-5 days of quarantine or
   c) It has been at least 2 weeks after a full course of vaccination for COVID-19

5. I have had COVID in the past 90 days, but it has been at least 14 days since the positive diagnosis YES NO

Thank you for completing this survey. Reminder to wear a mask when not warming up, competing, or able to stay socially distant from others.

WAIVER FORM

In consideration for the acceptance of this entry. I hereby, for myself, executors, administrators and assigns release and discharge the promoters, directors, Potomac Valley Track Club, USATF, Fairfax County Public Schools from any and all claims damages, injuries or illnesses including Covid-19, that I might contract, incur or suffer as a result of my participation in the PVTC All-comers meet July 11, 2021 at Madison HS. This would include I specifically release and discharge said promoters, directors, and their agents, etc. from all injuries and damages arising or contributed to by any physical impairment or defect I may have, whether latent or patent, and agree that they are under no obligation to provide physical examination or other evidence of my fitness to participate in this event, the same being my responsibility. I attest that I am physically fit and have sufficiently trained for the event that I am entering.

Signature (or parent guardian signature) _____Date: _____