



## Pickup Volleyball Screening

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_ Temperature: \_\_\_\_\_ Time (taken an hour before class): \_\_\_\_\_

1. Is your temperature above 100.4? No \_\_\_\_\_ Yes \_\_\_\_\_

2a. In the last 7 days have you had any of these new symptoms: cough, shortness of breath, difficulty in breathing or fever?

No \_\_\_\_\_ Yes \_\_\_\_\_

2b. In the last 7 days have you had at least two of these new symptoms: shaking with chills, muscle pain, headaches, sore throat, loss of taste or smell, or diarrhea\*? (\*Diarrhea: >3 loose or liquid stools/day).

No \_\_\_\_\_ Yes \_\_\_\_\_

3. In the last 10 days, have you been in personal contact with someone with suspected or confirmed COVID-19 or do you have a pending COVID -19 test?

No \_\_\_\_\_ Yes \_\_\_\_\_

If NO to the questions above you may proceed to attend GEARS Pickup Volleyball. If yes to any of the above questions, you may not attend GEARS Pickup Volleyball. Questions? Email [NateDiegel@GetintoGEARS.org](mailto:NateDiegel@GetintoGEARS.org).

**Liability Waiver & Release:** As a condition of participation in any GEARS program, sports league, class, recreation or fitness activity, I agree as a participant or parent/guardian of a participant in the program, to assume all risks and hazards of engaging in a GEARS activity or facility, including assuming all risks for personal injury, death and property damage.

I agree to hold harmless GEARS, its staff, instructors, volunteers, officials, sponsors, partners or representatives from liability for any losses, damages or injuries that may occur as a result of my participation in these activities regardless of cause. I further agree that there is risk associated in regard to the COVID-19 pandemic and possible exposure as a participant.

I understand that by participating in a GEARS activity, I consent to photo and/or video images taken by GEARS staff during this activity to be used in any GEARS publications, reports and websites.

**Acknowledgement of Understanding:** I have read the above and understand the terms and conditions set forth in the liability waiver and release.

I certify that the information above is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(if participant is a minor, parent/guardian signature is required)