



Participant Name: \_\_\_\_\_ (First and Last)

Guardian (for Participant under the age of 18) \_\_\_\_\_ (First and Last)

**ALL returning Seattle Badminton Club members must complete the following Wellness Questionnaire.**

	Yes	No
Have you been in close contact with a suspected or a confirmed case of COVID-19 in the past 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
Are you experiencing symptoms of COVID-19 such as shortness of breath, chest pain or pressure, dry cough, diarrhea, headache, loss of smell or taste, fever (temperature of 100.4F or higher in the last 48 hours), etc.?	<input type="checkbox"/>	<input type="checkbox"/>
Have you returned from highly impacted areas subject to a CDC Level 3 Travel Health Notice?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice?	<input type="checkbox"/>	<input type="checkbox"/>

I have read and understand the terms of this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement and agree to its terms.

\_\_\_\_\_  
Signature / Guardian Signature

\_\_\_\_\_  
Date



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