



COVID-19 Pre-Screening Form & Liability Waiver

ACTION BEFORE THE EVENT: Please ***respond immediately to this questionnaire & waiver upon receipt of the email*** from the event host. Please respond on behalf of yourself and your guest (if applicable). It is not necessary to return this form. If all of your answers to the Covid questionnaire below are “NO” and you accept the terms of the Liability Waiver, please state this in the body of your email reply to the host.

DAY OF THE EVENT: You will be asked if all your answers are still “NO” to all of the Covid-19 questions and if you accept the terms of the Liability Waiver. You and your guest (if applicable) will then initial our event participation form as your confirmation.

COVID-19 Pre-Screening Form

Please answer the following:

1. Have you had contact with anyone suspected of or confirmed with COVID-19 in the last 14 days?

_____ Yes _____ No

2. Have you or anyone in your household been tested for COVID-19? _____ Yes _____ No

If so, results were: _____ (Negative) _____ (Positive) If positive, date of test: _____

3. Have you or anyone in your household had any of the following symptoms in the last 14 days?

Check all those that apply.

Fever or chills _____ Headache _____ Sore Throat _____ Difficulty swallowing _____

Decrease or loss of taste or smell _____ Pink Eye _____ Extreme Tiredness _____

Cough, Shortness of breath or difficulty breathing _____ Congestion or runny nose _____

Muscle or body aches _____ Digestive Issues (nausea/vomiting, diarrhea) _____

Have you experienced any of the above symptoms _____ Yes _____ No

4. Has a doctor, health care provider or public health unit told you that you should currently be isolating?

(Staying at home)

_____ Yes _____ No

5. Have you or anyone in your household traveled outside of Canada in the past 14 days?

_____ Yes _____ No

6. Do you have any reason to believe you or anyone in your household has been exposed to or infected with COVID-19?

_____ Yes _____ No

7. To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19?

_____ Yes _____ No

8. In the last 14 days have you received a COVID Alert Exposure notification on your cell phone?

_____ Yes _____ No

If you answer YES to ANY of these screening questions, you will not be able to participate in this VCO event. It is required that you self-isolate and self-monitor until 24 hours after your symptoms subside. If your symptoms worsen, you should seek medical advice from your doctor or Telehealth Ontario at 1-866-797-0000

Liability Waiver

The Viper Club of Ontario makes every attempt to plan safe events for members and guests. Members and guests acknowledge they are participating at their own risk and save harmless the Viper Club of Ontario.