

COVID-19 CONTACT TRACING and SCREENING FORM

This form captures the details that Government regulations require that we keep for contact tracing purposes. We will keep this information private and will not share it outside of the Events Compliance Group except for the purpose of contact tracing. This information needs to be completed for each event in which you participate.

Name and Surname:
Residential Address:
Email address:
Cell Number:

Indemnity

I understand and acknowledge that participation in any activity at **Summer Fast One** on the above dates is completely voluntary and that participation in any public gathering may expose me and/or the members of my household to several risks, in particular, an elevated risk of exposure to COVID-19. By checking the box below, I and the members of my household agree to indemnify and holds Spectrum Sports , its officers, employees, volunteers or other agents, contractors or subcontractors harmless from all claims and liability arising from any loss, illness, injury, or death to me and/or the members of my household occurring during or as a result of participation of this activity. I and the members of my household further agree to follow all necessary rules and protocols put in place for the above event by Spectrum Sports , its officers, employees, volunteers or other agents, contractors or sub-contractors.

1. I declare that I have **not** been in contact with someone who has tested COVID-19 positive in the last 7 (seven) days.
2. I agree to social distance and wear a mask as so far as possible at all times at the event .
3. If the Covid Compliance Officer deems my temperature or symptoms to be high risk, I accept that I will not be allowed to participate in this event

Yes, I understand and acknowledge the above. (Please tick box and sign)

_____ Signature Date _____

Have you or anyone present with you been in close contact with someone who has tested positive for COVID-19 in the last 7 (seven) days?

Yes No

Do you have any observable COVID-19 symptoms?

Observable COVID-19 symptoms are fever, cough, sore throat, redness of eyes, or shortness of breath/difficulty in breathing, including body aches, loss of smell/taste, nausea, vomiting, diarrhoea, fatigue, weakness or tiredness.

Yes No

The screening officer has taken my temperature.

Temperature reading: _____

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