

Frost Mountain Nordic, Inc.
COVID-19 Waiver

In order to participate in any FMN sponsored activity, ALL participants must attest to the following:

(Check the box if you agree)

- ☐ I do not have the following COVID-19 symptoms:
 - Cough, shortness of breath, sore throat, fever in the past 48 hours
 - Any loss of taste or smell, vomiting or diarrhea in the past 24 hours.
- ☐ I will not participate in a FMN activity if I have the following COVID-19 symptoms:
 - Cough, shortness of breath, sore throat, fever in the past 48 hours
 - Any loss of taste or smell, vomiting or diarrhea in the past 24 hours.
- ☐ I have **not been in close contact** with a **confirmed case of COVID-19**.
- ☐ If I happen to come into **close contact** with a **confirmed case of COVID-19**, I will notify the coaches immediately and refrain from participating until I am cleared.
- ☐ I agree to **wear a facial covering when I am doing warm up/cool down with other teammates**.
- ☐ I agree to **social distance by 6'** or more at all times
- ☐ I **agree to comply** with these requirements and any and all other policies, including but not limited to group size limitations, distancing/spacing guidelines, protective covering and screening requirements.

I have read the above and my signature below represents an acknowledgement that I understand each and every component of this **Waiver** and that the representations I make herein are true and accurate to the best of my knowledge.

Print Name _____

Sign Name _____

Date _____

Time _____

To be signed by parent/guardian if the participant is under 18 years of age.

Print Name (parent/guardian) _____

Sign Name (parent/guardian) _____

Date _____

Contact number _____ (primary) _____ (secondary)