



COVID 19 HEALTH DISCLOSURE FORM

Prior to participating in Giant's Head Regatta 2020 at Summerland, B.C. on August 7 to 9, 2020, please consider the health and safety of yourself and others.

Boat _____ **'s**

(Skipper/Owner) Representative (please print): _____

Phone Number: _____

I (Skipper/Owner) _____ confirm the following statements to be true (check all that apply):

- I have not traveled anywhere outside of Canada or been in contact with anyone who has traveled outside of Canada, in the last 14 days.
- I have not experienced any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone experiencing any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone with a presumptive or confirmed COVID-19 diagnosis in the last 14 days.

Signature _____

I, _____, confirm the following statements to be true (check all that apply):

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Participation in this Event will not be permitted for any Skipper/Owner or Accompanying Participant who has either not completed this form or has been unable or willing to affirm all the above 4 criteria.

Skipper/Owner Affirmation: By Signing below, I confirm that I have reviewed the 4 health questions with each party participating or accompanying with respect to the above identified Boat, and that only those parties who have affirmed the Health Questionnaire will attend and/or participate in the event.

Thank you for your co-operation.

Skipper/Owner Name (print): _____ Signature _____

Date Signed: _____, 2020

For further information: -

Contact: _____, with any queries. Phone or text: _____

Or Email at: _____