Beaverhill Sporting Clays

Health Screening Declaration regarding COVID-19

DATE:_____

1. I understand the risks of coming into contact with other people during the COVID-19 global pandemic at Beaverhill Sporting Clays. I understand that I could become infected with COVID-19 while at Beaverhill Sporting Clays. I agree to waive all liability and to indemnify Beaverhill Sporting Clays, as a result of any mis-statement in this self-declaration.

   Yes No

2. To your knowledge have you or anyone in your household had contact of any kind with someone diagnosed with COVID-19 (presumptively or confirmed) within the last 15 days?

   Yes No

3. Have you or anyone in your household experience any cold or flu-like symptoms in the last 15 days, including but not limited to fever, cough, sore throat, respiratory illness, shortness of breath or difficulty breathing?

   Yes No

4. Have you or anyone in your household returned from any destination outside of Canada or travelled in an airplane from any destination within the last 15 days?

   Yes No

5. I understand that should circumstances arise or if I have answered yes to Question 2,3,4, I have a duty to Beaverhill Sporting Clays, to refrain from entering the premise until a period of 15 days has passed.

   Yes No

Print
Name_____Signature_____