

Daily Screening Form

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), Wenatchee School of Karate (hereafter referred to as “WSK”) is taking extra precautions with the care of each student in mind. This includes requiring students, or their parent or guardian, to sign a waiver before **EVERY** class. It also includes enhanced sanitation/disinfection procedures in compliance with Washington State Department of Health recommendations.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

WSK is following these enhanced procedures to prevent the spread of COVID-19:

- Requiring the wearing of face masks; maintaining appropriate distancing at all times; mandating the use of hand sanitizer before and after classes; closing common areas (changing rooms, lobby seating, etc.); staggering class times to eliminate cross-over of students, etc.

As the participant in dojo activities, or the Parent or Guardian of a participant, I agree to the following:

1. I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days,
2. I affirm that, I as well as all household members, have not been diagnosed with COVID-19 within the past 30 days,
3. I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days,
4. I affirm that I, as well as all household members, have not traveled outside of the United States or the State of Washington within the past 30 days,
5. I understand that WSK cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form, due to the fluid nature of the situation concerning Novel Coronavirus, and
6. I affirm that I am participating in dojo activities voluntarily, fully understanding the risks. I hereby release, indemnify, and hold harmless WSK, it’s representatives, including but not limited to, volunteers, staff, and instructors from any and all claims, causes of action, and liabilities for unintentional exposure or harm due to COVID-19 that are in any way connected with my, or my child’s, participation in dojo events and activities, including but not limited to training and testing.

BY SIGNING BELOW, I AGREE TO EACH OF THE ABOVE STATEMENTS

Signature: _____

Printed Name: _____

Signature of Parent or Guardian if under 18: _____

Date: _____