

# SKI TELEMAR COVID-19 SELF-ASSESSMENT/DISCLOSURE WAIVER

**This waiver must be completed within 24 hours prior to participation in Ski Telemark's service date and submit electronically to skitele@eagle.ca. Thank you.**

The safety and well-being of Ski Telemark Instructors, participants, club members, the snow sport public & respective club/support resort staff are our top priority. To reduce the risk of spreading COVID-19, we ask that participants consider their own health and well being and agree to accept the responsibilities as outlined in our Covid-19 Policies and Protocols. Please check one response for each question and sign each page..

## Exposure to COVID-19

**1. I have not had any of the following symptoms during the past 14 days that are not related to an existing medical condition:**

	I have no symptoms	I may have some symptoms
New or worsening cough	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath or difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
Fever (temperature equal to or above 38°C)	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue or weakness	<input type="checkbox"/>	<input type="checkbox"/>
Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>
New loss of smell or taste	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>
Gastro-intestinal symptoms (abdominal pain, diarrhea, vomiting)	<input type="checkbox"/>	<input type="checkbox"/>
Feeling very unwell	<input type="checkbox"/>	<input type="checkbox"/>

**2. I have not been in contact with anyone who has had one or more of these symptoms during the past 14 days :**

	I have had no contact	I may have had some contact
New or worsening cough	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath or difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
Fever (temperature equal to or above 38°C)	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue or weakness	<input type="checkbox"/>	<input type="checkbox"/>
Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>
New loss of smell or taste	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>
Gastro-intestinal symptoms (abdominal pain, diarrhea, vomiting)	<input type="checkbox"/>	<input type="checkbox"/>
Feeling very unwell	<input type="checkbox"/>	<input type="checkbox"/>

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**SKI TELEMARCK**  
**COVID-19 SELF-ASSESSMENT/DISCLOSURE WAIVER - PAGE 2**

**Participation in Services of Ski Telemark**

- |  |                                     |  |
|--|-------------------------------------|--|
| <b>3. I have read and understood Ski Telemark's Policies &amp; Protocols to participate and will adhere to respective requirements.</b>  | I agree<br><input type="checkbox"/> | I do not agree<br><input type="checkbox"/> |
| <b>4. I have and will wear a face covering to cover my mouth and nose and I agree to wear it while participating in a service of Ski Telemark.</b>   | I agree<br><input type="checkbox"/> | I do not agree<br><input type="checkbox"/> |
| <b>5. I understand Ski Telemark's services will operate at a snow sport resort or club and I agree to follow all protocols put in place by the respective resort or club and the provincial or federal government to prevent the spread of COVID-19.</b>   | I agree<br><input type="checkbox"/> | I do not agree<br><input type="checkbox"/> |
| <b>6. I understand and accept Ski Telemark's COVID-19 Policies and Protocols and will comply to create a safe learning environment and to mitigate the spread of COVID-19. I accept the risk to participate in Ski Telemark's services but, this does not guarantee that I will not contract COVID-19.</b> | I agree<br><input type="checkbox"/> | I do not agree<br><input type="checkbox"/> |

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_