



COVID-19 Pandemic Entrance Consent Form

- Name First _____ Last _____
- Date
 Month Day Year
- Reason for entering (circle one) Rental Event – Member Event / League Play / Building Maintenance / Other: _____
- To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the St Albert Curling Club's strict guidelines
 by checking this box I understand and accept this statement.
- Upon entering the St Albert Curling Club, I agree to sanitize my hands and maintain a social distancing of at least 2 meters or 6 feet at all times.
 by checking this box I understand and accept this statement.
- I agree not to enter the St Albert Curling Club should I exhibit the following symptoms of COVID-19 including those listed below:
 - Fever - Temperature - Shortness of breath - Loss of sense of taste or smell - Dry cough
 - Runny nose - Sore throat. by checking this box I understand and accept this statement.
- I verify that I have not traveled outside Canada in the past 14 days.
 YES NO
- I understand, read, and completed this questionnaire truthfully. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I understand that this document is to provide the best possible guest experience when visiting St Albert Curling Club *
 Yes
- Signature _____ Phone # _____