

**Event Participant Clearance: Not Exhibiting Symptoms of COVID-19 or  
Suspicion of Having or Being Exposed to COVID-19**

I, \_\_\_\_\_, certify that for at least 3 days (72 hours) I have not shown signs of COVID-19 (*e.g.*, fever, cough, or shortness of breath). I understand that if I do show signs of COVID-19 (*e.g.*, fever, cough, or shortness of breath) within the next four days and/or test positive from the virus, I must inform my coach immediately.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date