

Please complete this form 24 hours before your race, print out a hard copy and bring it with you on Race Day.

THE COOL IDEAS MAGALIES ADVENTURE 2020.
SATURDAY 21 AND SUNDAY 22 NOVEMBER

COVID-19 CONTACT TRACING and SCREENING FORM

This form captures the details that Government regulations require that we keep for contact tracing purposes. We will keep this information private and will not share it outside of The Leverage Group except for the purpose of contact tracing. This information needs to be completed for each event in which you participate.

Name and Surname:	
Residential Address:	
Email address:	
Cell Number:	

Indemnity

I understand and acknowledge that participation in any activity at Mount Grace on the above dates is completely voluntary and that participation in any public gathering may expose me and/or the members of my household to several risks, in particular, an elevated risk of exposure to COVID-19. By checking the box below, I and the members of my household agree to indemnify and hold The Leverage Group, its officers, employees, volunteers or other agents harmless from all claims and liability arising from any loss, illness, injury, or death to me and/or the members of my household occurring during or as a result of participation at any race activity. I and the members of my household further agree to follow all necessary rules and protocols put in place for the above event by The Leverage Group, its officers, employees, volunteers or other agents.

1. I declare that I have not been in contact with someone who has tested COVID-19 positive in the last 7 (seven) days.
2. I agree to social distance and wear a mask except when I am riding or running on the route.
3. If the Covid Compliance Officer deems my temperature or symptoms to be high risk, I accept that I will not be allowed to participate and no refund will be given to me.

Yes, I understand and acknowledge the above. (Please tick box and sign)

Signature

Date

Have you or anyone present with you been in close contact with someone who has tested positive for COVID-19 in the last 7 (seven) days?

- Yes No

Do you have any observable COVID-19 symptoms?

Observable COVID-19 symptoms are fever, cough, sore throat, redness of eyes, or shortness of breath/difficulty in breathing, including body aches, loss of smell/taste, nausea, vomiting, diarrhoea, fatigue, weakness or tiredness.

- Yes No

***This last item to be completed manually on the morning of the race when you arrive. You will need an extra 15 mins for this process.**

The screening officer has taken my temperature. **Please tick one of the following:**

I do not have a temperature exceeding 37.4°C.

- Agree Disagree Temperature reading: _____ Race No. _____