

**SPIRE Health Screening Form COVID 19  
and Terms and Conditions**

To prevent the spread of coronavirus (COVID 19) and reduce the risk to our athletes, members, guests and employees, we are **requiring** each person entering SPIRE to fill out this form each visit, and to acknowledge the waiver provided in this Form. Your participation is important to help us take precautionary measures to protect you, and everyone at SPIRE. Thank you for your time.

**PARTICIPANT NAME:** \_\_\_\_\_

**TEMPERATURE READING:** \_\_\_\_\_ **RECORDED BY:** \_\_\_\_\_ / \_\_\_\_\_

**SELF OR PARENT DECLARATION (IF PARTICIPANT IS UNDER 18 YEARS OLD)****1. IF YOU HAVE ANY OF THE FOLLOWING SYMPTOMS, PLEASE CHECK THE RELEVANT CIRCLE:**

- Fever
- Sore throat
- Dry Cough
- Runny nose
- Body aches
- Tiredness
- Headaches
- Shortness of breath

**2. HAVE YOU BEEN IN CONTACT WITH ANY PERSON INFECTED, SUSPECTED OR CONFIRMED WITH NOVEL CORONAVIRUS IN THE PAST 14 DAYS:**

- Yes
- No

If **Yes**, please list your relationship with the person/people and last date with them

\_\_\_\_\_

\_\_\_\_\_

**3. HAVE YOU TRAVELED ABROAD IN 2020?**

- Yes
- No

If **Yes**, please list locations visited and dates of those visits

\_\_\_\_\_

\_\_\_\_\_

By signing this Form, I assume all risk of my child and/or myself in entering the SPIRE facility and/or participating in SPIRE activities (hereinafter "activity"). Without signing this form, neither myself nor my child will be able to participate in the activity. I acknowledge that the above activity may pose some risk of contracting COVID-19 or other illness and that I undertake and

***(Please continue to the back of this form)***

---

**ADDRESS**

SPIRE Institute 5201 SPIRE Circle  
Geneva, OH 44041

---

**CONTACT**

office: 440.466.1002

---

**EMAIL**

info@spireinstitute.org  
www.spireinstitute.org

assume this risk for myself and my child. On behalf of myself and my child, I further waive and release SPIRE, and its directors, board members, officers, employees, volunteers, agents, representatives, insurers or assigns, from any and all liability, including, but not limited to, liability arising from negligence or fault of SPIRE for any virus, sickness, injury or disability which may occur as a result of my or my child's participation in the activity. I am assuming all risks on behalf of myself and my child that may arise from SPIRE's conduct in connection with or in any way relating to COVID-19.

**I acknowledge the information I have given is accurate and complete, and agree to the terms and conditions contained in this Form;**

**Signature** \_\_\_\_\_  
*Athlete, or Parent of Athlete (if Athlete is under 18)*

**Date** \_\_\_\_\_

---

**ADDRESS**

SPIRE Institute 5201 SPIRE Circle  
Geneva, OH 44041

---

**CONTACT**

office: 440.466.1002

---

**EMAIL**

info@spireinstitute.org  
www.spireinstitute.org