

Freeport Area School District Activities/Athletic Event Spectator Self-check Form

To be completed before entering and District building or facility
Please answer ALL questions on this form. If a question is not applicable, please enter N/A.

Your Name _____

Must be completed
using the date of the
event to be valid

Building/Facility you are requesting permission to enter:

Athletic Stadium

High School Gym

Middle School Gym

Athlete Name _____ School Name _____

Event Name & Date _____

Your Email Address _____

Your Phone Number _____

1. Do you have one (1) or more symptoms listed below under GROUP A, **OR** do you have two (2) or more symptoms listed below under GROUP B?

GROUP A

- Temperature of 100 F or above*
- Cough
- Shortness of breath or difficulty breathing
- Loss of smell or taste

GROUP B

- Chills
- Rigors
- Muscle Aches
- Headache
- Sore Throat
- Nausea or vomiting or diarrhea
- Fatigue
- Congestion or runny nose

*Note that visitors must be fever-free WITHOUT the use of fever-reducing medications.

_____ Yes _____ No

2. Have you or anyone you have been in close contact with been diagnosed with the COVID-19, or been placed in quarantine for possible contact with COVID-19?

_____ Yes _____ No

3. Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?

_____ Yes _____ No

If you answered YES to any of the three questions above, PLEASE DO NOT ATTEMPT TO ENTER ANY DISTRICT BUILDING OR FACILITY.

This form MUST be completed the same day as the event you are attending, **in addition to** the attached form.

Signature _____ Date _____

BACK 

Waiver Form for Attendance at School Performance / Event

The COVID-19 pandemic has presented schools with a myriad of challenges concerning this highly contagious illness that primarily attacks the upper respiratory system. To attempt to mitigate the risks to students, staff and community members while engaged in or attending school activities, the Freeport Area School District has adopted a health and safety plan consistent with directives and recommendations from the Commonwealth of Pennsylvania and public health authorities, such as the Centers for Disease Control and the Pennsylvania Department of Health.

By signing this form:

(a) While attending a performance or event on campus, I agree to comply with the mitigation measures established by the Freeport Area School District to limit the exposure and spread of COVID-19 and other communicable diseases, such as, but not limited to, the wearing of face masks and social distancing. I recognize that my failure to comply with those mitigation measures may result in the termination of my continued attendance at the performance or event.

(b) I acknowledge that my attendance at a school performance or event presents the risk of possible exposure to COVID-19. I further acknowledge that I am aware of the risks associated with COVID-19 and that certain vulnerable individuals may have greater health risks associated with COVID-19, including individuals with serious underlying health conditions such as, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, and those whose immune systems are compromised by chemotherapy for cancer, and other conditions requiring such therapy. While recommendations and personal discipline may reduce the risks associated with participating in group activities during the COVID-19 pandemic, the risk of serious illness, medical complications and possible death does exist.

(c) I agree that, in the event I am experiencing symptoms associated with COVID-19, including fever, chills, body aches, sore throat and naseau, or if I have been diagnosed with COVID-19, I will not attend the scheduled school performance or event.

(d) I recognize that the Freeport Area School District is not responsible for the actions of persons attending a school performance or event, including the failure of other guests to comply with established COVID-19 mitigation measures. I knowingly and freely assume all such risks, both known and unknown, associated with potential exposure to COVID-19 while attending a school performance or event.

(e) In consideration of the foregoing, I hereby release and discharge the Freeport Area School District, its directors, administrators, employees, agents, volunteers, successors and assigns from all claims, causes of action, expenses, losses, damages, injuries and/or illnesses associated with exposure to COVID-19 or any other communicable disease arising out of my attendance at a school performance or event and I agree to indemnify and defend such persons and parties and hold them harmless from any and all claims, causes of action, expenses, losses, damages, liability or demands for bodily injury, psychological injury, illness and/or death resulting from such attendance.

Your Name: _____

Signature: _____

Date: _____