

COVID-19 Event Participation Consent Form

This **COVID-19 event participation consent form** is designed for outdoor events. By signing this form, you acknowledge the risks of COVID-19 exposure and agree to follow all health and safety protocols implemented by the event organizers in accordance with local and national regulations.

Event Name: _____
Event Date: _____
Participant Name: _____
Contact Number or Email: _____

Health & Safety Acknowledgement

- ☐ I am not currently experiencing, nor have I experienced in the past 14 days, any symptoms of COVID-19 (e.g., fever, cough, shortness of breath, loss of taste or smell, etc.).
- ☐ I have not tested positive for COVID-19 in the past 10 days.
- ☐ I have not been in contact with anyone confirmed or suspected to have COVID-19 in the past 14 days.
- ☐ I will follow all event safety protocols, including mask-wearing, hand hygiene, and social distancing as directed by event staff.
- ☐ I understand that, despite safety measures, there remains a risk of COVID-19 exposure in gatherings and assume that risk.

Waiver & Consent

I understand and acknowledge the risks involved with attending this outdoor event during the COVID-19 pandemic. I release the event organizers and affiliated parties from any liability related to my participation. I agree to comply with health guidelines and event protocols at all times.

Participant Signature: _____
Date: _____