

I \_\_\_\_\_ certify and agree to the following:  
[Printed Name]

Have you or any member of your household experienced the following symptoms within the last 15 days?

- Fever
- Fatigue
- Dry Cough
- Difficulty breathing
- Loss of taste or smell
- Repeated shaking with chills

Yes       No

If yes, please provide detail: \_\_\_\_\_

Have you or any member of your household been knowingly exposed to COVID-19 within the past 15 days or been diagnosed with COVID-19 within the past 30 days and not subsequently tested negative?

Yes       No

If yes, please provide detail: \_\_\_\_\_

I have read the **Bucksnag Hunting Club Operational Plan and Coronavirus Protocol** and agree to follow its requirements while present at the Club and while hunting or participating in any other Club activities, including all stated mask and social distancing rules. I agree to assume all risk and/or consequence of any shared occupancy of lodging rooms while at the Club. I hereby release the Bucksnag Hunting Club and its members, directors, officers, contractors and employees from any and all liability or other claims in the event of my exposure to or infection by COVID-19 while present at the Club or while hunting or participating in any other Club activities.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell #: \_\_\_\_\_