

PLEASE PRINT THIS FORM AND BRING WITH YOU TO REGISTRATION ON SUNDAY

Waiver

I have not travelled overseas / been exposed to a person with COVID-19 in the preceding 14 days. I agree that I do not feel unwell, and don't have flu/cold like symptoms such as fever, cough, sore throat, shortness of breath, loss of smell or taste, muscle and joint pain, diarrhoea, vomiting or loss of appetite. I consent information from this form can be used by venue owners and government agencies for COVID-19 contact tracing as part of the public health response.



Date: 19 July 2020

Name:

Time of arrival:

Contact phone number: