



DAY OF COMPETITION CERTIFICATE

I hereby certify on my behalf and on behalf of my child(ren), if applicable, as follows:

- I am not experiencing any new or worsening symptom of illness such as nausea, vomiting, diarrhea, cough, shortness of breath or difficulty breathing, runny nose, fever, chills, repeated shaking with chills, muscle pain, fatigue, headache, sore throat, or loss of taste or smell.
- I have not traveled internationally within the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19 in the past 14 days.
- I have not been diagnosed with Coronavirus/Covid-19 in the past 14 days.
- I have not been tested and I am not awaiting results.
- I am following and will follow all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

Signature

Date: _____ 2021

Print Name

CERTIFICATE OF AUTHORITY

The person signing the ASSUMPTION OF THE RISK, WAIVER AND RELEASE OF LIABILITY RELATING TO CORONAVIRUS/COVID-19 hereby certifies the following (check all that apply):

- _____ I am an organizer of the Competition.
_____ I am a judge of the Competition.
_____ I am a piper for the Competition.
_____ I am a volunteer for the Competition.
_____ I am a spectator of the Competition.
_____ I am a competitor, 18 years or older.
_____ I am signing on behalf of myself and my child(ren), whose names are:

Signature

Print Name