



## Your Safety is Our Priority

### ***Entry Waiver***

Due to COVID-19 outbreak, before enter inside the facility,

Please answer the questions bellow:

1. Have you experienced any cold or flue-like symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, and difficulty breathing)?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you returned from any country outside of Canada within the last 14 days?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answer YES to any of these questions above, we ask that you please DO NOT enter inside the facility and take some extra time before coming to the club. We may deny your entrance to the facility.

Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_

Ph \_\_\_\_\_ E- mail \_\_\_\_\_

*Player choose to enter the facility at his/her own discretion.*

*Top Spin can not held be responsible for any personal health conditions.*

Date \_\_\_\_\_ Signature \_\_\_\_\_

