



Town of Mamaroneck Recreation Department

COVID-19 Self-Screening Form & Waiver of Liability



As COVID-19 continues, the Town of Mamaroneck Recreation Department will periodically update its policies & procedures based on current recommendations from the CDC and other health and safety authorities in local governments. The Town of Mamaroneck Recreation Department requires health confirmations per below from every individual entering the Hommocks Park Ice Rink.

CONTACT INFORMATION (PLEASE PRINT):

DATE: _____

TIME: _____

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____

ANY INDIVIDUAL ANSWERING “YES” TO ANY OF THE QUESTIONS BELOW WILL NOT BE PERMITTED IN THE FACILITY.	YES	NO
Have you or anyone else in your immediate family within the past 14 days been diagnosed with COVID-19, tested positive and not subsequently tested negative or had contact with someone diagnosed with COVID-19 within the past 14 days?		
Are you or anyone else in your immediate family showing any signs of one or more of the following symptoms or are you living with somebody experiencing symptoms, now or in the past 14 days and who has not been cleared by a doctor or tested negative for COVID-19, or temperature of 100.4 F or higher, chills, cough, shortness of breath, difficulty breathing, runny nose, sore throat, new loss of taste or smell, muscle pain, tiredness?		
Have you, your child or anyone else in your immediate family had close contact (defined as having close contact of less than 6 feet distance for more than 15 minutes) in the last 14 days with someone who has tested positive for COVID-19?		
Have you, your child or anyone else in your immediate family been required or advised to quarantine following travel or otherwise under New York State requirements, CDC guidance, or directions from any other applicable authority?		

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk of exposure to or infected by COVID-19 by attending Town of Mamaroneck facilities/activities and that such exposure or infection may result in personal injury, illness, permanent disability and death.

I specifically release, absolve, indemnify and waive any claims against the Town of Mamaroneck, the Town of Mamaroneck Recreation Department, and its officers and employees from liability.

Signature _____

Date _____