

NEBRASKA GOLF ASSOCIATION COVID-19 CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of permission for the below-named Participant and myself to be on premises at York Country Club (the "Host Facility") and Participant to participate in the 2020 NGA Fall Junior Series – Frontier (hereinafter the "Event"), I, as the parent and/or legal guardian of Participant, acknowledge and agree to the following:

I/Participant acknowledge that each has voluntarily agreed to take the below screening that aligns with the Centers for Disease Control ("CDC") and hereby certify that the following responses are true and accurate to the best of my knowledge.

COVID-19 Questions:

1. Have you/Participant had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt "feverish" or had had a temperature that is elevated for you/100.4F or greater?

Yes _____ **No** _____

2. Do you/Participant have any of the following symptoms?

- Cough
- Shortness of breath or chest tightness
- Sore Throat
- Headache
- Loss of taste or smell
- Diarrhea
- Nausea
- Body Aches

Yes _____ **No** _____

3. Have you/Participant traveled outside of the Continental United States in the last 14 days? Or, have you had any close contact in the last 14 days with someone with a diagnosis of COVID-19?

Yes _____ **No** _____

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS THAT MAY BE RELATED TO COVID-19, OR DEVELOP ANY OF THESE SYMPTOMS DURING THE EVENT, PLEASE DO NOT COME ON THE PROPERTY OF THE HOST FACILITY OR PARTICIPATE IN THE EVENT.

DATE: _____, 2020.

PARTICIPANT'S NAME: _____

PARENT/LEGAL GUARDIAN'S NAME: _____

PARENT/LEGAL GUARDIAN'S SIGNATURE: _____