

OTTAWA KARATE CHAMPIONSHIPS
WKC CANADIAN NATIONALS – COVID ASSESSMENT FORM

Name			
Home address/City			
School/Dojo			
Postal code		Phone	
Age January 1st 2021			
Email address			

Screening Questions (Please circle yes or no for all of the following questions)

Q1: Did you or anyone in your household travel outside of Canada in the past 14 days?

Yes	No
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Q2: Have you or anyone in your household tested positive for COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?

Yes	No
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Q3: Do you or any one in your household have any of the following symptoms?

- Fever
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease of loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting, diarrhea, abdominal pain
- Runny nose or nasal congestion without other known cause

Yes	No
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Waiver

I, the undersigned, hereby waive any and all rights, claims or actions that I may have against the Ontario Karate Federation, World Karate Commission, Bernardo Karate, Douvris Martial Arts, Michael Bernardo, John Douvris, The delta Ottawa City centre hotel, and all other persons and organizations associated with this event in any capacity from any and all liability due to injuries or losses that I might incur as a result of attending/participating at this event. I have answered honestly to all of the COVID-19 pre-screening questions to the best of my knowledge and understand the risks of participating in the WKC National Championships.

Signature of participant

Signature of guardian if under 18years of age