

**Hogan's Junior Golf Heroes Foundation DBA First Tee of Omaha
COVID-19 CERTIFICATION**

PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of permission for the below-named Participant, to receive golf and life skills programming offered by Hogan's Junior Golf Heroes DBA First Tee of Omaha at _____ (the "Location(s)/Host Facility or Facilities of Summer Programming" attending) and myself, spouse, significant other, family member, legal guardian or designated chaperone to be on premise(s), 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/100.0F or greater?

Yes _____

No _____

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

- Cough
- Shortness of breath or chest tightness
- Sore Throat
- Headache
- Sore throat
- 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, PLEASE DO NOT COME ON THE PROPERTY OF THE HOST FACILITY OR PARTICIPATE IN THE EVENT.

DATE: _____, 2020.

PARTICIPANT'S NAME: _____ (Please Print)

PARENT/LEGAL GUARDIAN'S NAME: _____ (Please Print)

PARENT/LEGAL GUARDIAN'S SIGNATURE: _____