

PHASE 4 COVID-19 INDOOR TRAINING AGREEMENT

Full Name	Email Address	Gender	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address	City	Province/Region	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Date of Birth		
<input type="text"/>	<input type="text"/>		

Phase 3 Covid-19 Indoor training agreement

Do you agree to always wash your hands with soap and water, and/or use appropriate hand sanitizer upon entering Prototype Training Systems?

Do you agree to always have your temperature taken upon entering Prototype Training Systems?

Do you agree to stay home if anyone in your household had the following symptoms over the last 24 hours?

- Fever over 100.4
- Shortness of breath
- Coughing

Do you agree to stay home if you or anyone in your household worked in proximity with or on someone with confirmed Covid-19 in the last 14 days?

Do you understand how to use the “6-ft Social Distancing Rule” during this session to prevent possible spread?

Do you agree to stay home from Prototype Training Systems for 14 days if you leave the state of Massachusetts, or notify the head coach of your circumstance?

By agreeing to this form, I agree to adhere to all the Covid-19 CDC guidelines that Prototype Training Systems has put in place and I do not hold Prototype Training Systems responsible for any sickness or illness, including but not limited to Covid-19.

I agree to these terms.

Have you been fully vaccinated for COVID-19? *

No answers to show...

Sign your name below:

Please read the [Electronic Records and Signature Disclosure](#)
 I agree to use electronic records and signatures