



## RATTLESNAKE ISLAND PASSAGE

COVID-19

Health Disclosure Declaration

**Prior to participating in Rattlesnake Island Passage 2020 at West Kelowna, B.C. on August 10, 2020, please consider the health and safety of yourself and others.**

Boat \_\_\_\_\_'s

(skipper/Owner) representative (please print): \_\_\_\_\_

Phone Number: \_\_\_\_\_

**I (Skipper/Owner) \_\_\_\_\_ confirm the following statements to be true (check all that apply):**

- I have not traveled anywhere outside of Canada or been in contact with anyone who has traveled outside of Canada, in the last 14 days.
- I have not experienced any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone experiencing any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone with a presumptive or confirmed COVID-19 diagnosis in the last 14 days.

Signature \_\_\_\_\_

**I, \_\_\_\_\_, confirm the following statements to be true (check all that apply):**

- I have not traveled anywhere outside of Canada or been in contact with anyone who has travelled outside of Canada, in the last 14 days.
- I have not experienced any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone experiencing any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone with a presumptive or confirmed COVID-19 diagnosis in the last 14 days.

Signature \_\_\_\_\_

**I, \_\_\_\_\_ confirm the following statements to be true (check all that apply):**

- I have not traveled anywhere outside of Canada or been in contact with anyone who has traveled outside of Canada, in the last 14 days.
- I have not experienced any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone experiencing any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone with a presumptive or confirmed COVID-19 diagnosis in the last 14 days.

Signature \_\_\_\_\_

**I, \_\_\_\_\_ confirm the following statements to be true (check all that apply):**

- I have not traveled anywhere outside of Canada or been in contact with anyone who has traveled outside of Canada, in the last 14 days.
- I have not experienced any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone experiencing any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone with a presumptive or confirmed COVID-19 diagnosis in the last 14 days.

**Signature \_\_\_\_\_**

**I, \_\_\_\_\_ confirm the following statements to be true (check all that apply):**

- I have not traveled anywhere outside of Canada or been in contact with anyone who has traveled outside of Canada, in the last 14 days.
- I have not experienced any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone experiencing any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone with a presumptive or confirmed COVID-19 diagnosis in the last 14 days.

**Signature \_\_\_\_\_**

**I, \_\_\_\_\_ confirm the following statements to be true (check all that apply):**

- I have not traveled anywhere outside of Canada or been in contact with anyone who has traveled outside of Canada, in the last 14 days.
- I have not experienced any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone experiencing any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone with a presumptive or confirmed COVID-19 diagnosis in the last 14 days.

**Signature \_\_\_\_\_**

**I, \_\_\_\_\_ confirm the following statements to be true (check all that apply):**

- I have not traveled anywhere outside of Canada or been in contact with anyone who has traveled outside of Canada, in the last 14 days.
- I have not experienced any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone experiencing any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone with a presumptive or confirmed COVID-19 diagnosis in the last 14 days.

**Signature \_\_\_\_\_**

**I, \_\_\_\_\_ confirm the following statements to be true (check all that apply):**

- I have not traveled anywhere outside of Canada or been in contact with anyone who has traveled outside of Canada, in the last 14 days.
- I have not experienced any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone experiencing any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone with a presumptive or confirmed COVID-19 diagnosis in the last 14 days.

**Signature \_\_\_\_\_**

**I, \_\_\_\_\_ confirm the following statements to be true (check all that apply):**

- I have not traveled anywhere outside of Canada or been in contact with anyone who has traveled outside of Canada, in the last 14 days.
- I have not experienced any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone experiencing any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone with a presumptive or confirmed COVID-19 diagnosis in the last 14 days.

**Signature \_\_\_\_\_**

**I, \_\_\_\_\_ confirm the following statements to be true (check all that apply):**

- I have not traveled anywhere outside of Canada or been in contact with anyone who has traveled outside of Canada, in the last 14 days.
- I have not experienced any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone experiencing any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone with a presumptive or confirmed COVID-19 diagnosis in the last 14 days.

**Signature \_\_\_\_\_**

**I, \_\_\_\_\_ confirm the following statements to be true (check all that apply):**

- I have not traveled anywhere outside of Canada or been in contact with anyone who has traveled outside of Canada, in the last 14 days.
- I have not experienced any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone experiencing any of the following symptoms in the last 14 days: fever, dry cough, shortness of breath, or difficulty breathing.
- I have not knowingly come into contact with anyone with a presumptive or confirmed COVID-19 diagnosis in the last 14 days.

**Signature \_\_\_\_\_**

**Participation in this Event will not be permitted for any Skipper/Owner or Accompanying Participant who has either not completed this form or has been unable or willing to affirm all of the above 4 criteria.**

**Skipper/Owner Affirmation: By Signing below, I confirm that I have reviewed the 4 health questions with each party participating or accompanying with respect to the above identified Boat, and that only those parties who have affirmed the Health Questionnaire will attend and/or participate in the event. Thank you for your co-operation.**

Skipper/Owner Name (print): \_\_\_\_\_ signature \_\_\_\_\_

Date Signed: \_\_\_\_\_, 2020

Thank you for your co-operation.

Please contact: Dan La Casse, with any queries.

Phone or text: (250) 859-3333                      Email at:                      okanaganland@hotmail.com