COVID 19 MEDICAL WAIVER:

My HOUSEHOLD has had NONE f the following symptoms, nor have they traveled outside Texas in the last 14 days. I will immediately let Phantom Cheer know if there are ANY changes.

- COUGH
- SHORTNESS OF BREATH OR DIFFICULTY BREATHING
- CHILLS
- SHAKES
- REPEATED SHAKING WITH CHILLS
- MUSCLE PAIN
- HEADACHE
- SORE THROAT
- LOSS OF TASTE OR SMELL
- DIARRHEA
- FEELING FEVERISH OR A MEASURED TEMPERATURE GREATER THAN OR EQUAL TO 100.4 DEGREES FAHRENHEIT
- KNOWN CLOSE CONTACT WITH A PERSON WHO IS LAB CONFIRMED TO HAVE COVID-19

Disclosure

Bringing your athlete to the gym, Phantom Athletics LLC is released from all liability.

Athlete's Name: _____

Parent's Signature: _____

Date: _____