



Covid19 Release Form-Support Her BOOTS Events

To ensure we are compliant with the current North Carolina event guidelines. Please complete this form. This is SEPARATE from your registration from. You will also be asked to complete this form on the day of the event BEFORE your temperature is taken before entering the event.

Name *

First

Last

Which event are you attending? *



Have you been tested for COVID 19? *



Email *

Age(please type in the box) ex: 41 *

How are you participating in the March Maddness event? *



Please list your gender? *



Are you a Veteran? *



Are you interested in being tested for COVID19? *



Are you currently feeling sick, ill, or have a fever over 100 degrees F? *



Have you received the first or second dose of the COVID19 vaccine in the last 30 days? *



Do you have hemophilla or other bleeding disorder or take a blood thinner? *



Are you or might you be pregnant or are you nursing(breastfeeding)? *



Do you have an immunocompromising condition such as HIV/AIDS, cancer, leukemia, etc OR take an immunocompromising medicine or treatment such as steroids, chemotherapy, or radiation therapy? *



Would you like to receive more information regarding the COVID19 vaccine, testing sites, or other information? *

I understand that my temperature will be checked before entering this event *

Submit