

WILDERNESS LEADERSHIP INSTITUTE, LLC
Participant Confirmation Regarding Coronavirus/COVID-19
Symptoms and Exposure

Participant understands and acknowledges that, due to the inherent nature of WLI Programs ("Program" is defined as any course, exam, program, activity, clinic, workshop, instruction, assessment, or guided venture offered by WLI), the Programs pose an unavoidable risk of transmission of coronavirus/COVID-19, which may present a higher risk of transmission than posed by other activities. With this understanding, Participant still wishes to participate in the Programs and does so willingly and with full knowledge of the potential risks.

Participant agrees to follow all WLI policies and procedures at all times, including but not limited to mask use and disinfection practices. Any participant who fails to comply with posted rules or instructions communicated by any WLI staff will be asked to leave the Program immediately.

I confirm that Participant is not currently experiencing any of these symptoms:

- Fever
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea, vomiting, or diarrhea

Any Participant exhibiting any of the above symptoms, or who in the sole discretion of WLI staff appears unwell, will be asked to leave the Program immediately.

I further confirm that Participant has not, to my knowledge, been exposed to a person who has been diagnosed with COVID-19, or who was at that time or is now exhibiting any symptoms of COVID-19, in the preceding 14 days.

Signature of Participant _____ Date _____

Print Name of Participant _____ Temp. _____