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www.texas-wildlife.org

Due to the novel Coronavirus (COVID-19), the Land, Water & Wildlife Expedition Program is including a health history review for its participants. Symptoms of COVID-19 include:

Fever	Chills
Fatigue	Muscle Pain
Dry Cough	Headache
Loss of taste or smell	Sore Throat
Difficulty Breathing	Diarrhea

I agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not traveled outside the United States in the last 14 days
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID19 within the past 30 days.

I understand that the Landowner and the Texas Wildlife Association cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by an event participant (a landowner is defined as a property owner hosting a Land, Water & Wildlife Expeditions who holds a signed Youth Participant Agreement with TWA). I further understand TWA strongly advises and encourages all participants at its events to wear a mask in confined spaces (such as blinds and vehicles), however, TWA does not currently require proof of vaccination, or mandate the use of masks or other COVID-19 measures at its events. Finally, I understand that individual Mentors and Landowners may require COVID-19 measures on expeditions or events they host.

By signing below, I agree to each statement above and release Landowner and the Texas Wildlife Association from any and all liability for unintentional exposure or harm due to COVID-19.

Dated and signed this _____ day of _____, _____.

Parent/Guardian Signature:

Parent/Guardian's Printed Name:

Address of Adult:

Email address:

Name and address of youth participant:

Name:

Address:

Name/address of other members of my family: (if applicable)

Name:

Address:

Name:

Address:

Name:

Address:
