

# Bark Medical Screening and Field Trip Waiver

**Must be completed prior to Bark-related travel**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Location: \_\_\_\_\_

Return Date and Time: \_\_\_\_\_ at \_\_\_\_\_

**1. At any point in the past two weeks, have you exhibited any of the following symptoms\*?**      Yes      No

- |                                               |                              |
|-----------------------------------------------|------------------------------|
| • Fever or Chills                             | • Headache                   |
| • Cough                                       | • New loss of taste or smell |
| • Shortness of breath or difficulty breathing | • Sore Throat                |
| • Fatigue                                     | • Congestion or runny nose   |
| • Muscle or body aches                        | • Nausea or vomiting         |
|                                               | • Diarrhea                   |

*If you answered yes, you may not attend the in person event.*

**2. In the past two weeks, have you come into close contact\*\* with any individual who has tested positive for COVID-19 or who experienced any of the symptoms listed above?**      Yes      No

**If yes, have you received a negative COVID test that was administered 5 or more days after that contact?**      Yes      No      Not Applicable

*If you answered yes to being in close contact with someone with or experiencing symptoms of COVID-19, you may only attend this in-person event or field day if you have received a negative COVID-19 test that was administered 5 days or more after contact.*

\*Please mark yes if you have experienced these symptoms in any new or unusual severity, frequency, or quality. For example: if you regularly experience headaches and had headaches at a normal frequency and severity for yourself, you do not need to check yes.

\*\*Close contact is defined, by the CDC, as being within 6 feet of someone who has COVID-19 for a total of 15 minutes or more in 24 hours, providing care at home to someone who is sick, having direct physical contact with the person (hugged or kissed them), sharing eating or drinking utensil, having someone sneeze, cough, or otherwise get respiratory droplets on you.

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Initial: \_\_\_\_\_ I confirm that I have reviewed and agree to the guidelines in the Bark COVID-19 Field Work Safety Protocols available on the Bark website.

Initial: \_\_\_\_\_ I agree to not hold Bark liable for any injuries or damage incurred to me or my property while participating on a Bark field trip. I understand that there are certain dangers and risks involved with field trips to forests where logging operations are planned, are occurring, or have been completed, especially when off-trail foot travel is involved. If I have an allergy, injury, or medical, physical or psychological condition that might impair my ability to participate fully in a strenuous hike, I accept full responsibility for this condition and I state that I am carrying the necessary medication for my condition. I voluntarily undertake these dangers and risks of my own accord, and will not hold Bark liable should I encounter any of these risks and dangers, or get injured in any way.

Initial: \_\_\_\_\_ For drivers, I have reviewed Bark's expectations for drivers (available on the Bark website) and am willing and able to fulfill all expectations. If not a driver, write N/A.

Signature of Traveler : \_\_\_\_\_ Date: \_\_\_\_\_

*If traveler is under 18, fill out below.*

Printed name of Legal Guardian: \_\_\_\_\_

Signature of Legal Guardian : \_\_\_\_\_ Date: \_\_\_\_\_

*To be completed by Bark Staff:*

Travel permitted:            YES            NO

Signature of Bark Staff: \_\_\_\_\_ Date: \_\_\_\_\_