



Covid-19 Waiver

I have been given the authority by all the members in our team to confirm the following:

None of the members of my team have shown any of the following symptoms in the past 14 days: Loss or change of sense of smell or taste, a new, continuous cough or a high temperature.

None of the members of my team have been in contact with anyone who has tested positive for Covid-19 or shown any of the above symptoms in the past 14 days

All of the members of my team understand that they could contract Covid-19 from an asymptomatic person while playing a game at Genius Escapes.

I agree to inform Genius Escapes if I or any of the members of my team develop Covid-19 symptoms within a two week period of playing a game or if I discover that one of us has been in direct contact with someone who has later tested positive for Covid-19 within a two week period.

I agree that the data I have provided can be used to contact me if Genius Escapes needs to contact me or any of the team members re. a possible Covid-19 related matter.

Full Name:

Address:

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..... Post Code:

Telephone No:

Signature: