



**Flight Club 502 Student/Instructor Health Screening Protocol & Procedures Agreement**

If you can answer NO to the first 5 questions of the Flight Club 502 Health Screening Protocol, you are cleared for flight training & Club activities and may proceed to the airport & Flight Club 502 facilities.

You are required to protect yourself and others by following current CDC guidelines at all times including frequent hand washing, and wearing a mask when social distancing of at least 6 feet from any other person can not be maintained.

By requiring compliance with the above, it is understood that Flight Club 502 is attempting to maintain the safest environment for all parties involved. Also, by signing this agreement, you acknowledge that flight operations and Club activities are completely VOLUNTARY. The decision about whether or not to attend a Club activity is a personal one and entirely at your own risk.

You must sign and turn in the acknowledgement below, an electronic copy of which will be kept on file in your Flight Circle account.

IF AT ANY TIME ANY OF YOUR HEALTH SCREENING EVALUATIONS CHANGE, YOU ARE REQUIRED TO ALERT YOUR INSTRUCTOR OR APPROPRIATE ADULT VOLUNTEER.

**Important:** Failure to follow any of these mandates, including but not limited to, reporting to fly with symptoms as noted in the health screening evaluation, reporting to fly without performing a daily temperature check, and/or reporting to fly without a mask when it is required, may result in removal of flight privileges.

I CONFIRM THAT I WILL COMPLY WITH THE HEALTH SCREENING PROTOCOL FOR COVID-19 BY USING ALL FIVE QUESTIONS TO ASSESS MYSELF BEFORE EVERY FLIGHT CLUB 502 ACTIVITY PRIOR TO ARRIVING AT THE AIRPORT OR CLUB FACILITIES.

I AGREE TO SUPPORT THE EFFORTS BY FLIGHT CLUB 502 TO PROVIDE A SAFE ENVIRONMENT FOR FLIGHT TRAINING OPERATIONS and CLUB ACTIVITIES. I ALSO UNDERSTAND THAT IF A SAFE ENVIRONMENT CANNOT BE MAINTAINED, CLUB OPERATIONS WILL BE SUSPENDED.

By signing below, you attest that you accept the statements on this page and that you will conform to all Flight Club 502 COVID-19 Health Screening Protocols and Procedures both present and future, should CDC and Kentucky State guidelines change.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**You must submit the completed form to Flight Club 502 Operations BEFORE flying.**