

DAILY COVID-19 ATTESTATION AND AGREEMENT



the “**Organization**”

DAILY COVID-19 ATTESTATION AND AGREEMENT

By signing below, the participant (named below) or the participant’s Guardian attests that the they:

1. Do not knowingly have COVID-19;
2. Are not experiencing any known symptoms of COVID-19, such as fever, cough, shortness of breath or malaise.
3. Have not travelled internationally during the past 14 days;
4. Have not frequented a COVID-19 high risk area in the Province/Territory during the last 14 days;
5. Have not, in the past 14 days, knowingly come into contact with someone who has COVID-19, who has known symptoms of COVID-19 or is self-quarantining after returning to Canada; and,
6. Have been following government recommended guidelines in respect of COVID-19, including practicing physical distancing.

Furthermore, by signing below, the participant agrees that while attending the competition or attending an event at the facility, they:

1. Will follow the laws, recommended guidelines, and protocols issued by the Government of the Province in respect of COVID-19, including practicing physical distancing, and will do so to the best of their ability while attending the competition or attending an event at the facility;
2. Will follow the guidelines and protocols mandated by the competition organizer in respect of COVID-19;
3. Will, in the event that that they experience any symptoms of illness such as a fever, cough, difficulty breathing, shortness of breath or malaise, immediately: a. inform the competition organizer; and, b. Depart for the facility immediately.

Print Name:

Date of Birth:

Participant (Please print clearly)

(mm/dd/yyyy)

Print Name:

Guardian (if the participant is a minor)

Signature:

Participant or Guardian (for minor)

Date:

(mm/dd/yyyy)

FOR PARTICIPANTS WHO HAVE BEEN DIAGNOSED WITH COVID-19

By signing below, the participant (named below) attests that they have been diagnosed with COVID-19, but been cleared as non-contagious by provincial or local public health authorities and has provided to the competition organizer, in conjunction with this COVID-19 ATTESTATION AND AGREEMENT, written confirmation from a medical doctor of the same.

Print Name:

Participant (Please print clearly)

Date of Birth:

(mm/dd/yyyy)

Print Name:

Guardian (if the participant is a minor)

Signature:

Participant or Guardian (for minor)

Date:

(mm/dd/yyyy)