

Return to Competition

Covid-19 and Risk Awareness Declaration

By signing this declaration, I confirm that **/my child*** are free from any symptoms related to the Covid-19 virus. I understand the main symptoms include:

- a high temperature – meaning you feel hot to touch on your chest or back
- a new, continuous cough – meaning coughing a lot for more than an hour, or three or more coughing episodes in 24 hours
- a loss or change to your sense of smell or taste

I am also confirming that all in my household are symptom free, and those travelling to and from the competition and attending the competition are symptom free of the virus.

/my child* return to competition knowing that participation cannot be without some risk. I am aware of the risks associated with the Covid-19 virus, but I still wish for my child to participate in the competition.

/my child* accept the processes and protocols the meet organiser, Surrey County ASA, will put in place to mitigate these risks. **/my child*** will adhere to these in order to protect our health and those of others in the facility.

I understand that the meet organiser will have to be flexible and responsive due to the evolving government advice around Covid-19, and the fact that circumstances may change.

Diver Name		
Diver Signature		
Parent/Guardian Signature (*for under-18s)		Date

This form should be completed no earlier than seven days before the competition.