Return to Competition

Covid-19 and Risk Awareness Declaration

By signing this declaration, I confirm that I/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.

I/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.

I/my child\* accept the processes and protocols the meet organiser, Surrey County ASA,will put in place to mitigate these risks. I/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.

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

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