

ATHLETICS ALBERTA COVID-19 ATTESTATION DOCUMENT

Please initial below:

_____ I attest that I am not experiencing any symptoms of illness such as a fever, cough, difficulty breathing, shortness of breath or malaise (severe fatigue or feeling of being generally unwell).

_____ If I develop these symptoms beyond the normal training-induced reactions, I agree that I will leave the premises adhering to the Athletics Alberta guidelines and protocol immediately and immediately inform the safety liaison on site at the training venue.

I attest that:

_____ I am aware that I must follow the safety and hygiene protocols provided by the Government of Alberta, Alberta Health Services and Athletics Alberta at all. Training sessions.

_____ I have not travelled outside of Canada in the past fourteen (14) days.

_____ I have not travelled outside of Alberta in the past seven (7) days, and if I have I will report all travel details to the Safety Officer via the daily participant checklist.

_____ I have not and do not believe that I have been exposed to a person with a confirmed or suspected case of COVID-19.

I attest that:

_____ I have not been diagnosed with COVID-19

OR

_____ I have been diagnosed with COVID-19 and been cleared as non-contagious by provincial or local public health authorities (confirmation from a medical practitioner will be required and maintained in a confidential file by the organization)

_____ I acknowledge and agree that I will follow recommended guidelines, laws and protocols by the Government of Alberta, Alberta Health Services and Athletics Alberta in order to reduce the spread of COVID-19.

I acknowledge that the foregoing statements are true.

Adult Participant: Printed Name _____

Date of Birth: _____

Participant's Signature: _____

Organization: _____

PARENTAL ATTESTATION (if participant is under the age of 18)

Name of Participant: _____

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____