



COVID-19 ATTESTATION AND AGREEMENT

By signing below, the participant (named below) or the participant's Guardian attests that 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 from the facility immediately.

Print Name: _____ Date of Birth: _____
Participant (print clearly)

Print Name: _____
Guardian (if participant is a minor)

Signature: _____ Date: _____
Participant or Guardian of Minor

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 have 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: _____ Date of Birth: _____
Participant (print clearly)

Print Name: _____
Guardian (if participant is a minor)

Signature: _____ Date: _____
Participant or Guardian of Minor