

DAILY COVID-19 ATTESTATION AND AGREEMENT

The organization: _____

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, in the past 14 days, knowingly come in contact with someone who has COVID-19, or who has known symptoms of COVID-19;
4. Have been following government recommended guidelines in respect of COVID-19, including practicing physical distancing.
5. *Have not travelled outside the current Manitoba Health permitted boundaries, or internationally, during the past 14 days;
6. *Is self-quarantining after returning to Manitoba/Canada;
7. *Have not frequented a COVID-19 high risk area during the last 14 days.

If you cannot attest to any of the above you cannot participate in the event.

RE #5, #6, #7. It is acknowledged that various people are allowed to travel outside Manitoba Health's permitted boundaries and return without quarantine or self-isolation, if they provide essential services while away. It is acknowledged that they are recommended to limit their contacts on return to Manitoba.

If you fall into this category you should advise the Event Organizer for their decision as to the risk to others who may be in compromised health situations.

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 Manitoba in respect of COVID-19, including practicing physical distancing, and will do so to the best of their ability while attending the competition or event at the facility;
2. Will follow the guidelines and protocols mandated by the Event 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 Event Organizer; and
 - b. depart from the facility immediately

Print Name: _____ Date of birth _____
(the Participant) (yyyy/mm/dd)

Print Name: _____
(the Guardian, if the Participant is a minor)

Signature: _____ Date _____
(Participant, or Guardian, if the Participant is a minor) (yyyy/mm/dd)

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 have provided to the Event Organizer, in conjunction with this COVID-19 ATTESTATION AND AGREEMENT, written confirmation from a medical doctor of the same.

Print Name: _____ Date of birth _____
(the Participant) (yyyy/mm/dd)

Print Name: _____
(the Guardian, if the Participant is a minor)

Signature: _____ Date _____
(Participant, or Guardian, if the Participant is a minor) (yyyy/mm/dd)