



Saskatchewan Fencing Association

the "Organization"

COVID-19 SELF-DECLARATION AND AGREEMENT

By signing below, the Participant (named below) or the Participant's Guardian attests that the Participant:

1. Does not knowingly have COVID-19;
2. Is not experiencing any respiratory symptoms such as fever, cough, and shortness of breath, sore throat, runny nose, headache, body aches, nausea, vomiting, diarrhea, loss of smell or taste. (not usual seasonal allergy symptoms)
3. Has not travelled outside of Canada, including the United States, during the past 14 days;
4. Has not frequented a COVID-19 high risk area in the Province during the last 14 days;
5. Has not, in the past 14 days, you or any member of your household has 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 (symptoms other than seasonal allergy symptoms); and
6. Has been following government recommended guidelines in respect of COVID-19, including practicing physical distancing and avoiding gatherings larger than currently allowed in the public health order.

Furthermore, by signing below, the Participant or the Participant's Guardian agrees that while attending or participating in the Organization's events or attending at the Organization's facilities, the Participant:

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 the Participant's ability while participating in the Organization's events or attending at the Organization's facilities;
2. Will follow the guidelines and protocols mandated by the Organization in respect of COVID-19;
3. Will, in the event that the Participant experiences any symptoms of illness such as a fever, cough, difficulty breathing, shortness of breath or malaise, immediately:
 - a. inform a representative of the Organization; and
 - b. depart from the event or facility.

Any individual with symptoms related to COVID-19 (even if mild) should be considered a potential case. The individual must contact Healthline at 811 to be assessed and screened for COVID-19 testing and must stay home and self-isolate until such time that COVID-19 can be ruled-out and the individual can be medically cleared by public health authorities to return to the training environment.

Print Name: _____
the "**Participant**"

Date of Birth: _____
(mm/dd/yyyy)

Print Name: _____
The "**Guardian**" (if Participant is a minor)

Signature: _____
Participant or Guardian for minor

Date: _____
(mm/dd/yyyy)

