**Covid-19: Return to Badminton Declaration Form**

ALL PLAYERS **MUST** COMPLETE AND RETURN THIS FORM TO THE BADMINTON CENTRE MANAGER BEFORE ATTENDING FIRST TRAINING SESSION AT WESTGATE BADMINTON CENTRE.

**In consideration of my participation at Westgate Badminton Centre, the undersigned acknowledges and agrees to the following:**

[ ]  I have not, nor any member(s) of my household, travelled by sea or by air, internationally within the past 14 days in/to any countries under the quarantine rules and been requested to self-isolate on my return.

[ ]  I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.

[ ]  I have not been, nor any member(s) of my household, diagnosed to be infected of COVID-19 virus within the last 14 days.

**Following the pronouncements above I hereby declare the following:**

[ ]  I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may be in any case be at risk of contracting COVID-19.

[ ]  With full knowledge of the risks involved, I hereby release, waive, discharge Westgate Badminton Centre and Hampshire Badminton Association, its board, officers and employees from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

**Declaration**

I have read and understood the published guidelines as produced by Westgate Badminton Centre regarding the re-opening of the badminton centre following the Covid-19 pandemic.

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| --- | --- | --- | --- |
| Full Name |  | Date |  |

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| Signed |  |

(if you are under 18 years of age, this must be signed by a parent/carer)