

Acknowledgement and Acceptance of the Risks Associated with the Activity and with Infectious Diseases

Teacher's name: _____ Activity: _____

Activity held from: _____ to _____ (DD/MM/YYYY)

I, the undersigned, acting in my name or as a parent or guardian of a minor child (17 years of age or younger) participating in the aforementioned Activity, acknowledge and agree as follows:

Risks posed by the Activity:

- I hereby acknowledge that practicing the above Activity involves certain inherent risks and that these have been explained to the signatory and, if applicable, to the participant (e.g., injuries to the neck, joints, spine, lower back or hamstrings, including tears, sprains, strains or fractures);
- I also acknowledge that these risks may vary depending on the participant's state of health, physical condition, abilities and behaviours, including respecting the training principles, the rules and the teacher's instructions.
- I also acknowledge that it is my duty or my child's duty to:
 - Respect the rules, directions and procedures that apply to the Activity;
 - Give the teacher any relevant information about the participant's condition or state of health;
 - Not push beyond my abilities and inform the teacher if I am experiencing any unwellness, discomfort, pain or symptoms before, during or after the Activity.
- I acknowledge that I have been informed that the Activity can be stopped at any time in case of discomfort and that the teacher may ask a participant to stop and rest if they notice any abnormal symptoms or signs of exhaustion.

COVID-19 and infectious diseases:

- I am aware of the COVID-19 context and the related issues, particularly with regard to the risks, communicability, health complications and associated symptoms, as well as the evolving nature of the situation;
- Participating in the Activity increases the risk of exposure and infection such that contracting COVID-19, which can lead to serious health complications, is a possibility for the participant in this context;
- By participating in or allowing the participant to participate in the Activity, I acknowledge and accept, voluntarily and in a free and informed manner, the risk of COVID-19 exposure and infection that may result from such participation.

I also declare that neither I nor the participant, nor any person residing at the same address, have experienced any symptoms associated with COVID-19 in the 14 days prior to signing this form.

I also commit to inform the teacher without delay if I or the participant begin to experience any symptoms associated with COVID-19 or if I, the participant or any other person residing at the same address test positive for COVID-19.

I declare that I have read the conditions and risks set out in this form and understand the context and risks surrounding COVID-19. It is therefore with full knowledge of the facts and acceptance of the risks that the Activity may pose that I agree to participate. If applicable, I declare that I have read this form and consider my child to be able to undertake the Activity while accepting the risks inherent to the Activity.

Participant's signature: _____

Name (in block letters): _____

Parent's signature: _____

Name (in block letters): _____

Date: _____ (DD/MM/YYYY)