

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

Participant's name: _____ **Activity:** _____

Teacher's name: _____ **Activity held from:** _____ **to** _____ **(DD/MM/YYYY)**

I, the undersigned, acting 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;
- 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 child's duty to:
 - Respect the rules, directions and procedures that apply to the Activity;
 - Give the teacher any relevant information about my general health condition;
 - 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 :

- I am aware of the issues related to COVID-19 and acknowledge and accept that participating in the Activity increases the risk of exposure and infection to COVID-19.
- 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 10 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 to COVID-19.

I declare that I have read the conditions and risks set out in this form.

Date : _____ **(DD/MM/YYYY)**

Parent's or guardian's signature: _____

Name in block letters: _____