

Self certification of well-being from the athlete to his/her sport team and organisers.

The subscriber

born on ___/___/_____ in _____

Resident in _____

Phone number: _____ email: _____

Under my own responsibility

CERTIFICATE

- to know the current local and regulations to avoid COVID-19 spread
- not to have been in quarantine because I contracted COVI-19
- in the past 14 days I did not have any contact with persons with COVID-19
- nottohave any COVID-19 symptoms such as fever over 37.5°C and breathing infections
- to know that in case of positive answer to the previous question (so that you have symptoms) you will not be allowed to participate to any sport activity if not in possession of a certificate of full healing.
- nottoparticipate to sport activities in case of: -fever and body temperature over 37,5°C- contact to confirmed, probable or suspect COVID-19 cases-any breathing symptoms, tiredness, muscular soreness, belly pain, diarrhea, loss of taste and/or smell. •to respect the rules and measures to prevent any spread of COVID-19.
- to authorize the use of your data according to art. 13 of GDPR (EU rule 2016/679)
- to have read, understood and to respect the Safety protocol from FISO for orienteering events after the 1st of July 2020.
- other declarations: _____
- to communicate to the sport team responsible person any health change that can be connected to COVID-19

Date: ___/___/_____

signature of the Subscription