

Barrhaven Scottish Rugby Football Club, the “**Organization**” Daily Attestation

DAILY COVID-19 ATTESTATION AND AGREEMENT

This form must be completed and submitted prior to entry and use of any facility owned or operated by Rugby Canada and any of its agencies, contractors or equivalent provincial sports organizations (collectively, the “Organization”). The Participant or their legal guardian must attest to the questions below:

1. I attest to the fact that I/the participant do(es) not knowingly have COVID-19;
2. I attest to the fact that I/the participant am/are not experiencing any known symptoms of COVID-19, such as fever, cough, shortness of breath or malaise;
3. I attest to the fact that I/the participant have/has not travelled internationally during the past 14 days;
4. I attest to the fact that I/ the participant have/has not frequented a COVID-19 high risk area in my Province during the last 14 days;
5. I attest to the fact that I/the participant have/has not, in the past 14 days, knowingly come into contact without PPE with someone who has COVID-19, who has known symptoms of COVID-19, or is self-quarantining after returning to Canada; and
6. I attest to the fact that I/the participant have/has been following government recommended guidelines in respect of COVID-19, including practicing physical distancing.

Furthermore, the Participant or their legal guardian must attest to the questions below agreeing to follow the guidelines while attending or participating in the Organization's events or attending the Organization’s facilities:

1. I attest that I/the participant will follow the laws, recommended guidelines, and protocols issued by my Provincial Government in respect of COVID-19, including practicing physical distancing, and will do so to the best of my ability while participating in the Organization's events or attending at the Organization’s facilities;
2. I attest that I/the participant will follow the guidelines and protocols mandated by the Organization in respect of COVID-19;
3. I attest that I/the participant will, in the event that I/ the participant experience any symptoms of illness such as a fever, cough, difficulty breathing, shortness of breath or malaise, immediately:
 - a. inform a representative of the Organization.
 - b. immediately depart from the event or facility

FOR PARTICIPANTS WHO HAVE BEEN DIAGNOSED WITH COVID-19

By signing below, the Participant (named below) or the Participant’s Guardian attests that the Participant has been diagnosed with COVID-19, but been cleared as noncontagious by provincial or local public health authorities and has provided to the Organization, in conjunction with this COVID-19 ATTESTATION AND AGREEMENT, confirmation.

Print Name: _____ **Date of Birth:** _____
the “**Participant**” (mm/dd/yyyy)

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

Signature: _____ **Date:** _____
Participant or Guardian for minor (mm/dd/yyyy)