



COVID-19 Attestation and Agreement

NAME: _____ (“Participant”) NAME OF CLUB: _____

In consideration of being permitted to participate in the sport of swimming and the programs, activities and events of the club named above (the “club”) or *Masters Swimming Ontario (MSO)*, the undersigned:

1. Attests and agrees to participate in activities **and future activities** ONLY if the participant:
 - a. Has not been diagnosed with COVID-19 or, if diagnosed previously, attests that the participant has been cleared as noncontagious by provincial or local public health authorities and has provided, in conjunction with this form, written confirmation from a medical doctor of the same;
 - b. Does not have any of the following symptoms: cough, shortness of breath, chest pain, difficulty breathing, fever, chills, repeated shaking with chills, abnormal muscle pain, headache, sore throat, painful swallowing, runny nose, new loss of taste or smell, and/or gastrointestinal illness;
 - c. Has not been in contact with or cared for someone with COVID-19 in the last 14 days; and
 - d. Has not returned from a trip outside the country within the last 14 days.
2. Agrees that the participant:
 - a. Will immediately advise if the statements made on this form are no longer accurate as a result of a COVID-19 diagnosis, onset of symptoms, contact being made with someone with COVID-19 or travel outside of the country;
 - b. Has reviewed and will follow the return to swimming procedures issued by their club (named above); and
 - c. Will follow the laws, recommended guidelines, and protocols issued by their Province in respect of COVID-19, including practicing physical distancing, and will do so to the best of the participant’s ability while participating in the activity.
3. Agrees and accepts the risks that:
 - a. By participating in the activity, the participant assumes the risk of contracting COVID-19 and/or transmitting it to others and voluntarily accepts that risk.

I hereby acknowledge that I have read this *Attestation and Agreement*, that I voluntarily attest and agree to all statements.

Name of Participant (Please Print)

Signature of Participant

Date