

## COVID-19 Attestation and Agreement

### COMPLETE THIS FORM REGARDLESS OF VACCINATION STATUS

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”) and, as the case may be, *Canadian Independent Masters Swimming (CIMS)*, *Masters Swimming Manitoba (MSM)* or *Masters Swimming Ontario (MSO)* (the “Organization”), 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 by provincial or local public health authorities to return from quarantine/isolation;
  - 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. If the participant has been in contact with or cared for someone with COVID-19, the requirements of the provincial or local public health authorities to allow for a return to swimming have been satisfied; and
  - d. If the participant has returned from a trip outside the Canada, the participant has complied with all the requirements of the Public Health Agency of Canada and the local public health authority.
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

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