



## Attending FloatFit

### Covid-19 and Risk Awareness Declaration

I ..... am returning to FloatFit having completed and signed the Health Survey as requested by ..... club.

By signing this declaration, I confirm I am free from any symptoms related to the Covid-19 virus, I understand the main symptoms include:

- a high temperature – this means you feel hot to touch on your chest or back
- a new, continuous cough – this means coughing a lot for more than an hour, or three or more coughing episodes in 24 hours
- a loss or change to your sense of smell or taste.

I am also confirming all in my household remain symptom free, and anyone taking me to or from FloatFit and attending FloatFit with me is also symptom free from the virus.

By signing this declaration, I confirm that for any future sessions I will only attend in the full knowledge that I am free from any Covid-19 symptoms. In addition, but conversely confirm by signing this declaration that if I do display any symptoms I will not attend FloatFit for a period of at least 14 days and follow government guidance to self-isolate.

I return to FloatFit knowing that my participation cannot be without risk, I am therefore aware of these risks associated with the Covid-19 virus, but still wish to participate in FloatFit.

I understand the processes and protocols ..... club have put in place in order to reduce risks and I will adhere to these in order to protect my health and the health of other members, staff and other users of the facility.

Signature		Date	
Parent/guardian signature (for members under 18)		Date	