INSERT YOUR LOGO HERE

**ACKNOWLEDGMENT OF RISK**

**SEASON 2022-2023**

**COVID-19**

The novel coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is known to spread mainly by contact from person to person. Consequently, local, provincial and federal governmental authorities recommend various measures and prohibit a variety of behaviors, in order to reduce the spread of the virus.

Gymnastique Québec and its members, which (name of club) is part of, **commit themselves to comply with the requirements and recommendations** of Quebec’ Public health and other governmental authorities, and to put in place and adopt all necessary measures to that effect. However, Gymnastique Québec and (name of club) **cannot guarantee that you** (or your child, if participant is a minor/ or the person you are the tutor or legal guardian of) **will not become infected with COVID-19**. Further, attending the Activities could increase your risk of contracting COVID-19, despite all preventative measures put in place.

By signing this document,

1. I acknowledge the highly contagious nature of COVID-19 and **I voluntarily assume the risk** that I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) could be exposed or infected by COVID-19 by participating in Gymnastique Québec or (name of club)’s activities. Being exposed or infected by COVID-19 may particularly lead to injuries, diseases or other illnesses.
2. I declare that I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) am **participating voluntarily** in Gymnastique Québec or (name of club)’s activities.
3. If I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) experience, or if anyone in my household experiences any cold or flu like symptoms after submitting this declaration, I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) **will not attend** any of Gymnastique Québec or (name of club)’s activities, programs or services during **at least 5 days** from the onset of the **symptoms if I am** **fully vaccinated** (or 10 days from the onset of the symptoms if I am not fully vaccinated).

I HAVE SIGNED THIS DOCUMENT FREELY AND WITH FULL KNOWLEDGE.

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Name of participant (print) Signature of participant

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Name of parent/tutor/ legal guardian (print) Signature of parent/tutor/legal guardian

(if participant is minor or cannot legally give   
consent)

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Club representative’s name Club representative’s signature

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 dd-mm-yyyy