Return to training

Covid-19 and Risk Awareness Declaration

I ………………………………. am returning to training having completed and signed the Health Survey as requested by Stroud Masters Swimming 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 anyone from my household taking me to or from training and attending my training session with me is also symptom free from the virus.

By signing this declaration, I confirm that for any future training 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 training for a period of at least 14 days and follow government guidance to self-isolate.

I return to training 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 club training.

I understand the processes and protocols Stroud Masters Swimming 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.

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