

COVID-19 Acknowledgment of Consent for athletes competing outside Canada Version on March 3, 2022

By signing this document I acknowledge that the World Health Organization has declared a global pandemic of the COVID-19 virus, and that the Government of Canada and Cycling Canada advise taking special health precautions when travelling abroad for competitions. I understand the choice to undertake travel is mine alone, and I accept any risks associated with it.

In particular:

- I understand that it is not mandatory for me to travel to or participate in competitions abroad, that participation and associated travel are entirely at my own risk, and I have taken all reasonable precautions to minimize that risk.
- I have secured travel medical insurance that covers the costs of treatment and associated expenses if I contract COVID-19.
- I am aware of and will follow guidelines issued by the UCI, Cycling Canada, event organizers, facility operators, and local health authorities. These include but are not limited to a requirement to provide proof of vaccination; physical distancing; the wearing of masks; limiting people in a vehicle; limitations on gatherings; self-monitoring of symptoms; and any other guidelines or recommendations that are subsequently issued.
- I am aware of and will follow the Government of Canada's entry requirements upon my return to Canada.
- I do not currently have any COVID-19 symptoms including fever, cough, trouble breathing or nausea
- I have not tested positive for COVID or knowingly been exposed to someone suspected of having COVID-19 within the last 14 days.
- If I suspect I have any symptoms of COVID-19 or I feel unwell, I will immediately declare this to my team and take isolation precautions.
- I understand that there are risks that arise due to travel, training, and competing during a pandemic. I acknowledge I am attending the activity at my own risk.
- If I develop symptoms of COVID-19 I understand I will be responsible for any costs associated with my isolation, care and extended travel.

ATHLETE:	
Signature:	Date:
Name:	
PARENT OR GUARDIAN (IF THE ATHLETE IS 18 YEARS OLD OR YOUNGER):	
Signature:	Date:
Name:	

Government of Canada COVID-19 travel health advice: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html