

## **COVID-19 Acknowledgment of Consent** for Cycling Canada National Team activities

Version on March 8, 2022

To be signed by all National Team Stakeholders (athletes, coaches, support staff and volunteers) taking part in any in-person National Team activity. This document is valid for one year from the date signed.

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 participating in sport activities. I understand the choice to participate in National Team activities is mine alone, and I accept any risks associated with it.

## In particular:

STAKEHOLDER:

- I understand that it is not mandatory for me to participate in National Team activities, that participation and associated travel are entirely at my own risk, and I have taken all reasonable precautions to minimize that risk.
- I am aware of and accept the risks, both medical and financial, of contracting COVID-19 through participating in National Team activities.
- I am aware of and will follow all applicable guidelines issued by the UCI, Cycling Canada, event organizers, facility operators, and local health authorities. These may include but are not limited to a requirement to provide proof of vaccination; self-isolation after travel; 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 that Cycling Canada strongly advises all stakeholders be fully vaccinated against COVID-19 to reduce the likelihood of contracting COVID-19 and the severity of the illness if contracted.
- I accept that Cycling Canada may request certain medical information, including vaccination status, for the sole purpose of managing COVID-19 precautions around National Team activities.
- I accept that Cycling Canada may impose additional requirements based on my medical information, which may include but are not limited to daily COVID-19 testing, the wearing of masks, and physical distancing.
- If I suspect I have any symptoms of COVID-19, if I feel unwell, or if I have been in close contact with a confirmed or suspected COVID-19 case, I will immediately declare this to the person(s) responsible for running the National Team activity, and I will take isolation precautions as required by Cycling Canada, facility operators, and health authorities.

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