

DECLARATION FOR PARTICIPANTS

The following declaration must be completed by athletes, coaches, managers and all those who access the facility

The undersigned _____
born on _____ in _____ (_____)
home address _____ (_____),
passport number _____ issued by _____ on _____
telephone number _____, email _____

In accordance with Italian Law, DECLARES, as far as it is aware:

- ▶ to be / not to have been affected by COVID-19
- ▶ to be / not to be subjected to quarantine by the health national authorities
- ▶ to have / not to have been exposed to confirmed or probable or suspected cases of COVID-19 in the last 14 days
- ▶ to have / not have had symptoms related to COVID-19

aware that in the event of a positive response, he will not be able to access the implant unless he has a healing certificate.

I undertake to inform my doctor, and not to attend the sports facility, in case of:

- ▶ appearance of temperature over 37.5 °;
- ▶ exposure to confirmed or probable or suspected cases of COVID-19;
- ▶ any symptoms (cough, cold, sore throat, breathing difficulties, dyspnea from exertion, tiredness and muscle pain, abdominal pain, diarrhea, loss of taste and / or smell).

I undertake to respect the appropriate measures to reduce the risk of contagion from COVID-19 as institutional guidelines that have been provided to me.

I authorize the measurement of body temperature at each entrance to the sports facility for the purpose of preventing contagion from COVID-19.

I authorize the processing of my personal data pursuant to art. 13 of Legislative Decree 30 June 2003, n. 196 "Code regarding the protection of personal data" and art. 13 of the GDPR (EU regulation 2016/679).

Date _____

Signature _____