



NANAIMO ROWING CLUB PARTICIPANT AGREEMENT

Name of Participant: _____ Date: _____

Application - all athletes, coaches, members, volunteers, participants and family members of participants while in attendance at club activities ("Participants")

All Participants of Nanaimo Rowing Club agree to abide by the following points when entering club facilities and/or participating in club activities under the COVID-19 Response plan and RTP Protocol:

- I agree to symptom screening checks and will let my club know if I have experienced any of the symptoms in the last 14 days.
 - I agree that my minor child (under 18) may provide information on symptom screening checks and will let my club know if they have experienced any of the symptoms in the last 14 days.
- I agree to stay home if feeling sick and remain home for 14 days if experiencing COVID-19 symptoms.
- I agree to sanitize my hands upon entering and exiting the facility, with soap or sanitizer.
- I agree to use only the equipment that is assigned to me
- I agree to sanitize the equipment I use throughout my practice if requested, with approved cleaning products provided by the club (shared and personal equipment).
- I agree to continue to follow social distancing protocols of staying at least 2m away from others.
- I agree to not share any equipment during practice times.
- I agree to abide by all my Clubs COVID-19 Policies and Guidelines.
- I understand that if I do not abide by the aforementioned policies/guidelines, that I may be asked to leave the club for up to 14 days to help protect myself and others around me.
- I acknowledge that continued abuse of the policies and/or guidelines may result in suspension of my club membership temporarily.
- I acknowledge that there are risks associated with entering club facilities and/or participating in club activities, and that the measures taken by the club and participants, including those set out above and under the COVID-19 Response Plan and Return to Sport Protocols, will not entirely eliminate those risks.

Signature:

Parent/Guardian Signature (if under 18):

Emergency Contact Information

Name of Participant: _____

Care Card #: _____ Medical Alert: _____

Contact Name: _____ Relationship: _____

Phone 1: _____

Phone 2: _____

Phone 3: _____

Email: _____

Contact Name: _____ Relationship: _____

Phone 1: _____

Phone 2: _____

Phone 3: _____

Email: _____

Contact Name: _____ Relationship: _____

Phone 1: _____

Phone 2: _____

Phone 3: _____

Email: _____