

CORONA VIRUS (COVID-19) DECLARATION

PLEASE PRINT AND PROVIDE TO THE GATEKEEPER

In the interest of protecting the health and well-being of all riders, officials, volunteers and others attending an endurance event, all persons are required to respond to questions related to travel activities and health status.

Your honesty is appreciated and is required to assist Ride Organisers in providing an environment that will aid in the prevention of the spread of COVID-19.

Due to State and Federal restrictions associated with COVID-19, please read and complete the following acknowledgements.

On behalf of all parties linked to this nomination, it is acknowledged that:

- I/We have not returned from overseas in the last 14 days
- I/We am are not required to be in self-isolation / self-quarantine
- I/We have not been in close contact with a person who has a reported or suspected case of COVID-19 in the last 14 days
- I/We have not had a fever, cough, sore throat, shortness of breath or other cold/flu-like symptoms in the last 72 hours and are otherwise well

If you or any of your party answer yes to any of these questions you should not attend the event.

Name	Role	Contact Number	Date of birth

COVIDSafe App - all event attendees are encouraged to download and activate the COVIDSafe app.

Practice good hygiene

- Handwashing with soap and water for 20 seconds or use of hand sanitiser before and after any contact with surfaces that are used by more than one person.
- Respiratory hygiene - avoid touching your face and make sure people around you follow good respiratory hygiene (covering mouth and nose when you cough or sneeze with a tissue or your elbow).

Social distancing

Adhere to current advice on social distancing and size of groups. No handshaking – no holding hands for equal placings. Comply with all signage and with all directions from officials and volunteers.

DECLARATION

I/We agree to comply with all directives including social distancing measures and good hygiene practices and acknowledge my responsibility in contributing to a safe environment and for all those persons named on this COVIDSafe Declaration.

I/We agree that this information may be shared for the purpose of infection tracing by Tas Health.

I declare that the answers I have provided above are true and accurate for myself and all the listed parties who are attending with me.

Signature:

Date: