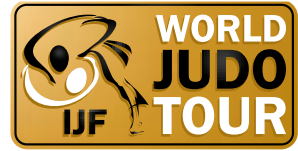


APPENDIX 1 - Declaration of Honour



Name:

Nationality:

Date and time of arrival:

Delegation COVID-19 Manager:

Consenting parent* for minors:.....

Have you noticed any of the following symptoms within the last 14 days?

Symptoms		YES	NO
1	Body temperature over 37.5°C		
2	Dry cough		
3	Sore throat		
4	Sudden onset of shortness of breath		
5	Sudden onset of vomiting and/or diarrhoea		
6	Sudden onset of articular and/or muscle pain		
7	Fatigue without a known cause		
8	Loss of taste or smell		
9	A rash on skin, or discolouration of fingers or toes		
Are the following statements true for you?		YES	NO
10	In the past 1 month have you or anyone in your household met a presumptive or declared COVID-19 infected person or anyone who got into close contact with such person?		
11	Is anyone in your household under self or officially imposed quarantine?		
12	Do you live in the same household with an exposed and frail person (> 70 years old, cardiac pathology or chronic pulmonary pathology immunodeficiency)		

I hereby declare on my honour that if any of the above symptoms occur, at any point during my stay or travel, I will duly and immediately inform my Delegation's COVID-19 Manager, who shall then inform IJF and the Local Organising Committee's COVID-19 Manager. I understand that if I do not follow the "Protocol for resuming IJF events during the COVID-19 pandemic" that I will be removed from the event and subject to disciplinary action.

Signature*:

.....

Print name*:

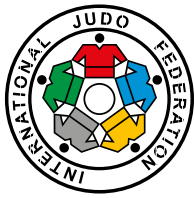
.....

Date:

Delegation COVID-19 Manager

Athlete / parent*

Consenting parent*: parent, caretaker, authorised person to sign a consent on behalf of a minor.



APPENDIX 2 - Liability Release Waiver - COVID-19



The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the IJF has set recommendations, guidelines, and some prohibitions throughout the Protocol for resuming IJF events during the COVID-19 pandemic (IJF COVID-19 Protocol). The IJF COVID-19 Protocol applies to all the IJF events' participants.

In consideration of my participation in the IJF events, I, the undersigned:

1. Confirm that I have taken good note of the IJF COVID Protocol and hereby undertake comply with it.
2. Acknowledge and agree to the following :
 - I am aware of the existence of the risk on my physical appearance to the venue and my participation to the IJF events that may cause injury or illness such as, COVID-19.
 - I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
 - I have not been, nor any of my household, diagnosed to be infected of COVID-19 virus within the last 30 days.
3. And, following the pronouncements above I hereby declare the following:
 - I am fully and personally responsible for my own safety and actions while and during participation and I recognise that I may be in any case be at risk of contracting COVID-19.
 - With full knowledge of the risks involved, I hereby release, waive, discharge the IJF, from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any IJF events while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; and I am fully competent to give my consent. That I have been sufficiently informed of the risks involved and give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Signature*:.....

Date:.....

Print Name*:.....

Consenting parent*: parent, caretaker, authorised person to sign a consent on behalf of a minor.