APPENDIX 1 - Declaration of Honour
(For Delegates)
EVENT: ALGIERS OPEN 2022, Algeria

Full name: ........................................................................................................................................

Delegation nationality: ..........................................................................................................................

Delegation COVID-19 Manager: ...........................................................................................................

Consenting parent* for minors: .............................................................................................................

<table>
<thead>
<tr>
<th>14 days prior to your arrival to the bubble</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Were you in close contact (for more than 15min, closer than 2m, without wearing a mask) with a COVID-19 positive person?</td>
<td></td>
</tr>
</tbody>
</table>
| 2  | Did you have any of the following symptoms: cough, sore throat, shortness of breath, fatigue, elevated temperature (37.5°C or higher), diarrhoea, muscle pain, loss of smell, loss of taste?  
   If YES to any of the symptoms, please, underline them in the list. |     |    |
| 3  | Did you attend any international training camp*?  
   *Training camp with athletes from different nations who don’t train regularly together. |     |    |
| 4  | Have you ever been COVID-19 positive? |     |    |
| 5  | Please, provide the date of your first positive test.  
   Please, use dd/month/yyyy format. |     |    |
| 6  | Are you vaccinated? |     |    |
| 7  | Have you received both doses?  
   Please, write yes, if your vaccine requires only one dose. |     |    |

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 AJU 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.

Completed forms should be uploaded to the my.IJF.org platform. If assistance is needed please contact registration@ijf.org