

Year **2020**

Zone \_\_\_\_\_

Sport \_\_\_\_\_

Date \_\_\_\_\_



# PARTICIPANT AGREEMENT FORM

*Instructions to Event Organizer(s): This form is to be completed by each participant who would like to participate in any event hosted and/or sponsored by each Zone. An Event hosted and/or sponsored by the Zone may include sport participation programs/clinics (previously referred to as 'Give it a Try' or 'Step up Your Game' programs), zone play downs, in-person meetings, inter-zone activities and practice activities where the Zone paid for the facility rental. Event Organizer(s) must also maintain a record of all participants (Zone Event Attendance Tracking form) for contact tracing purposes. All participants must be members in good standing with BC Seniors Games Society in order to participate in any event. Please keep all forms on file for three months.*

All participants agree to abide by the following points when entering facilities being used to host zone events and/or sponsored events under the Return to the Games Guidelines.

- I agree to symptom screening checks, and will let the Event Organizer(s) know if I have experienced any of COVID-19 symptoms in the last 14 days (refer to the Screening Checklist – Wellness Questionnaire).
- 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 continue to follow social distancing protocols of staying at least 2m away from other.
- I agree to sanitize the equipment I use throughout the event.
- I agree to abide by all of the Society's (including each Zone) COVID-19 Policies and Guidelines.
- I understand that if I do not abide by the aforementioned guidelines that I may be asked to leave the event for up to 14 days to help protect myself and others around me.
- I acknowledge that continued abuse of the guidelines may result in suspension of my BCSGS membership temporarily.
- I acknowledge that there are risks associated with entering facilities and/or participating in zone activities, and that the measures taken by the Society and each Zone, including those set out above and under the Return to the Games Guidelines, will not entirely eliminate those risks.

Participant name (*printed*): \_\_\_\_\_ Signature: \_\_\_\_\_

Contact Information (phone and/or email): \_\_\_\_\_

Type of Event: \_\_\_\_\_ City/venue of Event: \_\_\_\_\_

Event Organizer(s) name(s) (*printed*): \_\_\_\_\_