



APPENDIX F – PARTICIPANT AGREEMENT

Instructions to Activity or Event Organizer(s): This form is to be completed by ALL Participants participating in BC Seniors Games Society, zone and host society activities or events. Participants include board members, sport coordinators, members, volunteers and employees. Activities or events include all meetings, zone programming, zone playdowns, registration, training sessions, all Games activities and events including the Community Awareness Event, Torchlighting, Opening Ceremony, accreditation, participant special events, volunteer appreciation event, Passing of the Flag Ceremony, medal presentation ceremonies and all sport competitions.

All Participants agree to abide by the following points when entering any facility and/or participating in the above activities or events:

- I agree to symptom screening checks and will let the organizer(s) know if I have experienced any COVID-19 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 continue to follow social distancing protocols of staying at least 2m away from other.
- I agree to sanitize the equipment I use throughout the activity or event.
- I agree to abide by all of the COVID-19 protocols and guidelines developed by the BC Seniors Games Society.
- I understand that if I do not abide by the aforementioned protocols and guidelines that I may be asked to leave the activity or event for up to 14 days to help protect myself and others around me.
- I acknowledge that continued abuse of the protocols and guidelines may result in suspension of my BCSGS membership temporarily.
- I acknowledge that there are risks associated with entering facilities and/or participating in all activities or events and that the measures taken by the BC Seniors Games Society, each zone and the host society, 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): _____ Date: _____

Type of Event: _____ City/venue of Event: _____

Event Organizer(s) name(s) & Zone (*printed*): _____

*BC Seniors Games Society COVID-19 response - Protocols and Guidelines
Participant Agreement*

