



## MEMBER INDEMNITY & DECLARATION FORM

I, the undersigned \_\_\_\_\_ (FULL NAME), \_\_\_\_\_ (ID NUMBER)

hereby indemnify and hold harmless Centurion Squash Club, including its Committee, Committee Members, as well as all its club members from any and all actions, causes of action, suits, debts, claims and demands whatsoever arising or resulting from any action or omission, including without limitation to my (or my minor child's) access to and use of the facilities at the Centurion Squash Club from and after the date hereof, including, without limitation, as a member, player or visitor attending the Centurion Squash Club during the COVID-19 pandemic;

I understand that the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious.

Sport activities take place with players being in close proximity of each other, which potentially expose them to the disease, to which they bear a risk to transmission of the COVID-19 virus;

I therefore understand that due to the frequency of visits of other members and or players, the characteristics of the virus and the nature of sport, that I have an elevated risk of contracting the virus by simply being at the sports facility. Notwithstanding hereof, I consent to enter the Club and use of its facilities entirely at my own risk; and in the event of the player being a minor child, I as parent and or legal guardian herewith gives consent for him/her to enter the Club and use its facilities entirely at his/her own risk, under my full indemnification, as given herein;

I have been made aware of the rules and regulations of the Club pertaining to access and use of the Club's facilities and restrictions that are applicable during the COVID-19 period and the Return to Club In-phasing directions, agree thereto and undertake to comply therewith. I also understand that the club reserves the right to suspend my membership indefinitely should I not adhere to the COVID19 rules and regulations in place.

### **DISCLOSURE & DECLARATION (by Player or Person requesting access to the Club)**

• Have you travelled domestically within South Africa by commercial airline within the last 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Have you travelled outside of South Africa in the past 14 days to countries that have been affected by the COVID -19 virus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Have you been exposed to any person that has been infected with the virus or show symptoms of the virus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Do you present with any of the following symptoms: Fever, shortness of breath, dry cough, runny nose, sore throat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If 'Yes' on any of the above questions, then access to the Club premises and facilities shall be denied until the prerequisite period of 14 days has expired or you are cleared by a medical practitioner, whichever applies as directed by law and/or the Club's rules and directives.**

**I, therefore, declare that I have made, to the best of my knowledge and belief, full disclosure to the above questions and declare as follows:**

1. I have NOT travelled domestically within South Africa by commercial airline within the last 14 days;
2. I have NOT travelled outside of South Africa in the past 14 days to countries that have been affected by the COVID -19 virus;
3. I have NOT been exposed to any person that has been infected with the virus or shown symptoms of the virus

### UNDERSIGNED

MEMBER NAME \_\_\_\_\_

PARENT / GUARDIAN NAME (FOR MINORS) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CELLPHONE NUMBER FOR ACCESS: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

*Please email signed copy to [admin@centurionsquashclub.za.org](mailto:admin@centurionsquashclub.za.org).*

### OFFICE USE ONLY

Processed By: \_\_\_\_\_

Front Gate Access Enabled:  Yes  No

Signature: \_\_\_\_\_

Cell Number Enabled on Database: \_\_\_\_\_

Date: \_\_\_\_\_