



ESTD 1922

DURBAN Country Club

**PLEASE PRINT THIS FORM, IT IS TO BE COMPLETED ON RACE DAY
AND HANDED IN AT REGISTRATION**

COVID-19 DOC & INDEMNITY FOR DCC

COVID-19 SCREENING

I agree to the sharing of my information as required by the Covid-19 Disaster Act regulations and that any false declaration on the Covid-19 Document is a criminal offense.

I **RACE NO.:**

ID NO.: **CONTACT NO.:**

Please complete the following questions (tick the yes or no)

● **Have you been in contact with someone with a confirmed or suspected case of Covid-19 in the last 14 days?** **Yes/No**

● **Have you had any of these symptoms in the last two weeks? Please tick if so.**

Flu-like symptoms/Fever/Cough/Difficulty breathing/Unusually tired?

● **I agree to sanitise, wear my mask where compulsory and apply the social distancing principles** **Yes/No**

Temperature reading:

INDEMNITY

By entering and participating in this run, I confirm that I agree to abide by the above rules. I confirm that I am medically fit to run/walk and I understand that I have entered at my own risk and am responsible for any injury/illness during or as a result of the run, or for any property lost, stolen or damaged whilst on DCC property. I agree that I will be responsible for any medical costs incurred.

SIGNATURE: _____ **DATE:** _____