



EST<sup>®</sup> 1922

# DURBAN Country Club

**PLEASE PRINT & COMPLETE THIS FORM  
TO BE HANDED IN AT REGISTRATION ON RACE DAY**

## 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.: .....

EMAIL ADDRESS : .....

**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. Yes/No  
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.

### **CONSENT**

In terms of POPI, DCC confirms that my information will not be shared and I do acknowledge that the Club and its representatives may contact me from time to time with regard to Club related matters and updates.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_