

Athlete Indemnity Form

This form must be utilised to ensure that you are free from Covid-19 symptoms and pose a limited risk to others. It is important that once you have completed and signed this form that you send to or hand over to the person at your club or venue responsible for processing. To avoid virus transmission, an electronic version of the form is recommended and where possible sent back to the club via email or other electronic means.

Date*		
Name*		
Contact details - email*		
Contact details -phone number		
Are you currently diagnosed with or believe you may have Covid-19?* (Check appropriate box - x)	Yes	No

Do you currently display any of the following symptoms?

	Yes	No
High Temperature (fever)*		
A new or continuous cough*		
Loss or change to your sense of taste or smell*		
New unexplained shortness of breath*		
Have you been in contact with a Covid-19 confirmed or suspected case in the previous 10 days*		
Yes	No	Maybe

Typed/Electronic Signature* (Parent/Guardian if under 18 years olds)	
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If you have answered YES to any of these questions you should stay at home and inform your coach and/or club Covid-19 contact person and medical practitioner.

You should follow current UK Government Public Health guidelines. Only return to judo once you have sought medical advice and considered not to be at risk of infecting others with Covid-19.