**MEMBER FEDERATION CONSENT FORM – COVID-19 RESPONSE PLAN**

*To be completed before entering the venue, when collecting accreditation for the team.*

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| --- | --- |
| **National Federation** |  |
| **Team Manager’s Full Name** |  |
| **Team Manager’s Telephone Number** |  |
| **Team Manager’s Email Address** |  |
| **Other Team Covid 19 Contact(s), in addition to Team Manager** |  |
| **Number of athletes in the team** |  |
| **Number of support Staff in the team** *(coaches, physio, etc.)* |  |
| **All the address of the Team during the event** |  |

**🞏 I accept to be the Member Federation’s single point of contact concerning matters related to the ICF Covid-19 Protocol Guide (April 2022 version) at the 2022 ICF Canoe Polo World Championships – Saint Omer, France.**

**🞏 I confirm that the participants from my team athletes have been appropriately health screened** **as detailed in the Personal Health Check Information Form.**

**🞏 I confirm that the participants from my team had a negative rapid antigen or PCR test within 24 hours prior to competition venue access.**

**🞏 I will ensure that the participants from my team will comply with the ICF Covid-19 Protocol Guide (April 2022 version) at the competition venue.**

**🞏 I accept these regulations can only minimize the infection risk and the Organizing Committee, the ICF cannot be liable for any potential infection.**

**🞏 I confirm that my national federation is ready to pay any costs related to a potential infection within my team (e.g. testing / hospitalization / quarantine).**

**🞏 I consent with the collection and storage of the provided data to the Organizing Committee and the ICF, according to GDPR.**

Date Signature of Team Manager