

AMA Covid-19 Declaration of Health to Practice – 5-010620

This declaration has been produced for the safety of all who practise at this venue.

Address of Venue:.....

Date:...../...../.....

Please read it carefully as it may become a legal document. If you have any queries about anything that is in this document please ask the instructor/leader to explain its meaning to you. **If you do not sign this document you will be unable to enter and therefore will be unable to practise at this venue on this occasion.**

I, the attendee/guardian, declare the following is true.

- 1. To my knowledge, I **do not** have any symptoms of Covid 19.
- 2. To my knowledge, no person in my household has symptoms of Covid 19.
- 3. To my knowledge, I or my household, have not come into contact with anyone who has Covid 19 or has any symptoms of Covid 19.
- 4. I and my household have been following government rules of lockdown and social distancing.
- 5. If you or anyone in your household have had Covid 19 or the symptoms of Covid 19 you have followed the NHS government rules and guidelines:
  - a. Self-isolated for the correct amount of time, 7 or 14 days
  - b. The self-isolation continued if the symptoms persisted
  - c. That all of your household have not shown any symptoms for the last 14 days

On entry to participate, members do so at their own risk. Also, that they are not training against medical advice. Please send the attendees list electronically so to reduce the risk of contact/contamination.

This attendees list can be used for individual or group sessions by the instructors.

Name of Attendee	Signature	Relationship to Attendee (Parent/Guardian)	Contact details (mobile/email)

Instructors Name:.....Signature.....

Instructors AMA Licence number:.....Expiry date:...../...../.....