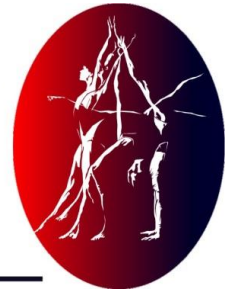




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**EVERSDAL  
 GYMNASTICS  
 GIMNASTIEK**



**INDIVIDUAL MEMBER ASSESSMENT AND INDEMNITY FORM**

|   |                   |                            |                                     |
|---|-------------------|----------------------------|-------------------------------------|
| <b>Full name of Member:</b>   |                   | <b>SAGF Membership No.</b> |                                     |
| <b>Do you or anyone you live with currently have any of the following symptoms:</b> | <b>Dry Cough</b>  | Yes / No                   | <b>Sore Throat</b> Yes / No         |
|   | <b>Runny Nose</b> | Yes / No                   | <b>Shortness of Breath</b> Yes / No |
|   | <b>Fever</b>      | Yes / No                   |                                     |
| <b>Parent's name (if member is a minor)</b>   |                   | <b>Gymnast/ Staff</b>      |                                     |

I, \_\_\_\_\_, knowingly and willingly consent to myself or for a minor \_\_\_\_\_, under my care, to attend gymnastics lessons at Eversdal Gymnastics Club and/or E-Sports.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. I understand that due to the frequency of visits of other gymnasts, the characteristics of the virus, and the characteristics of gymnastics activities, that I have an elevated risk of contracting the virus simply by being at the gymnastics venue.

High risk patients relating to the severity of COVID-19 are persons over the age of 60 and persons who have pre-existing medical conditions such as: asthma, chronic lung conditions, hypertension, autoimmune disease, organ transplants, cancer, immunocompromised, obesity (BMI over 40) and liver or kidney disease conditions. I confirm I, nor my minor fall into any of these high-risk categories.

I am aware of the risks involved with the spread of COVID-19 and the risks it may hold to my health and the health of others I come in contact with. I accept those risks and hereby indemnify and hold the gymnastics club and his/her staff blameless should I contract the disease at the venue of the gymnastics club or from the gymnastics club staff members.

I will abide by all the regulations and rules for participation in gymnastics activities as laid out in the SAGF COVID-19 and Eversdal Gymnastics Club and/or E-Sports policy.

I have read and understood these regulations and rules for participation in gymnastics activities as laid out in the SAGF COVID-19 and Eversdal Gymnastics Club and/or E-Sports policy and confirm I will comply thereto and prepare accordingly.

Residential address of member: \_\_\_\_\_

\_\_\_\_\_

Signature

Date