

SELF REPORTING FORM - COVID 19

First name, Surname

Date of birth:

Email, phone number:

I hereby declare that I meet and can provide one of the following conditions (please tick):

- Negative RT-PCR test, which is no older than 7 days before start of the race - **valid only for teenagers aged 12-18** (children under the age of 12 do not have to provide any form),
- Recovery certificate showing that you have recovered from Covid-19 after a previous positive Covid-19 test of less than 180 days,
- A vaccination certificate, full course of vaccination, and more than 14 days after the last injection.

I declare that:

- I do not know that I have an active COVID-19 disease or other communicable disease,
- I do not know that I have come into contact with a person suffering from the above disease and have not been quarantined for that reason,
- I have not suffered in the last three weeks and have not suffered from a deterioration in my health in terms of coughing, difficulty breathing or fever, feelings of general weakness or pain in muscle groups or joints,
- I am aware that by concealing the above facts, I can seriously endanger the health of other participants in the event,
- I am aware of the legal consequences of a false affidavit and the crime of spreading a contagious disease.

Date....., place.....

Signature of participant (or legal representative for a participant under 15 years of age)

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