

**RIO
2021**OLYMPIC AND
PARALYMPICCONTINENTAL
QUALIFICATION
REGATTACOVID-19 PROTECTION PLAN
**PARTICIPANTS
COMMITMENT FORM**

To be completed by **ALL PARTICIPANTS**. Once completed and signed, scan and send to: regatas@remobrasil.com.

EVERYONE	Full Name:	
	Telephone Number:	
	Email Address:	
	Countries visited in last 14 days:	
	Do you have health insurance with coverage in Rio de Janeiro? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Group: <input type="checkbox"/> Teams <input type="checkbox"/> Umpire <input type="checkbox"/> World Rowing <input type="checkbox"/> OC <input type="checkbox"/> Media <input type="checkbox"/> Other:	
TEAMS ONLY	Member Federation:	
	Team Manager's Name:	
	Address during event:	

- I confirm that I will report to the Organising Committee's (OC) Medical Staff as soon as my health status changes, even if it is a minor change.
- I confirm that I will agree and comply with the COVID-19 Protection Plan.
- I confirm that I understand the concept of a "safety bubble" and that I will remain within the bubble of the event throughout my participation.
- I understand that the non-compliance with the COVID-19 Protection Plan and the unauthorized exit of the safety bubble will cause expulsion from the event and, if I have expenses paid by the OC, I understand that it will be my obligation to reimburse these expenses.
- I am aware these regulations can only minimise the infection risk and neither the OC nor World Rowing cannot be made liable for any potential infection.
- I consent to the Organizing Committee and World Rowing collecting and storing the provided data, according to GDPR/LGPD.

DATE: **SIGNATURE:**