

COVID-19 PROTECTION PLAN TEAM MANAGER CONSENT FORM

To be completed by **TEAM MANAGERS**. Once completed and signed, scan and send to: <u>regatas@remobrasil.com</u>.

MEMBER FEDERATION:	
Team Manager's Full Name:	
Team Manager's Telephone:	
Team Manager's Email Address:	
Other Team COVID Contacts, in addition to Team Manager:	
Team Size – Athletes: (including spare athletes)	
Team Size – Support Staff: (coaches, physician, etc.)	
Address of the Team during the event:	

- □ I accept to be the Member Federation's single point of contact concerning matters related to the OC's COVID-19 Protection Plan at the America's Continental Qualification Regatta.
- □ I will ensure that my team members comply with the COVID-19 Protection Plan and remain in the "safety bubble" throughout the event.
- □ I understand that these regulations can only minimize the infection risk and the OC and World Rowing 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 / hotel / hotel quarantine).
- □ I consent to the Organizing Committee and World Rowing collecting and storing the provided data, according to GDPR/LGPD.