



# CENTRAL HOCKEY CLUB

(Established 1993)

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2020

## SAHA RETURN TO PLAY INDEMNITY FORM

I knowingly and willingly consent to attend Hockey training as permitted under current Alert Level Regulations at Vygieskral Hockey Venue

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 hockey players, the characteristics of the virus, and the characteristics of hockey activities, that I have an elevated risk of contracting the virus simply by being at the hockey 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 that I do not fall into any of these high-risk categories.

I acknowledge that if I have tested positive for COVID-19, a letter from a doctor confirming a subsequent negative test must be submitted to SA Hockey prior to being permitted back to training.

I understand that should I have a pre-existing condition which increases my risk that I need to declare it. 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 **South African Hockey Association, Western Province Hockey Union and Central Hockey Club Vygieskral Hockey Venue** and their staff blameless should I contract the disease at the hockey venue or from the venue staff members.

I will abide by all the regulations and rules for participation in hockey as laid out in the COVID-19 SA Hockey Operational Guidelines and Return to Play Framework.

I have read and understood the terms of this indemnity as laid out and confirm I will comply thereto and prepare accordingly.

Date:.....

Name & Surname :.....

Signature:.....