**2021 WRU23Championships, Račice, Czech Republic**

**July 7 -11. 2021**

**MEMBER FEDERATION CONSENT FORM – COVID-19 RESPONSE PLAN**

*To be completed before entering the venue, when collecting accreditation for the team.*

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| **Member Federation** |  |
| **Team Manager’s Full Name** |  |
| **Team Manager’s Telephone Number** |  |
| **Team Manager’s Email Address** |  |
| **Other Team Covid Contact(s), in addition to Team Manager** |  |
| **Team size – Athletes** *(incl. spare athletes)* |  |
| **Team size – Support Staff** *(coaches, physio, etc.)* |  |
| **Address of the Team during event** |  |

**🞏 I accept to be the Member Federation’s single point of contact concerning matters related to the OC’s COVID-19 Response Plan at the 2021 WRU23Championships, Račice, Czech Republic**

**🞏 I will ensure that the participants from my team will comply with the OC COVID-19 Response Plan.**

**🞏 I accept these regulations can only minimise the infection risk and the OC, 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 / hospitalisation / hotel / hotel quarantine).**

**🞏 I consent to the Organising Committee and World Rowing collecting and storing the provided data, according to GDPR.**

**. .**

Date Signature of Team Manager

**2021 WRU23Championships, Račice, Czech Republic**

**July 7 -11. 2021**

**List of participants**

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| Full name | Date of Birth | Date and time the sample was taken | Result of test |
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