ATTACHMENT 2.

DECLARATION OF THE COMPETITOR / LEGAL GUARDIAN OF A MINOR COMPETITOR DUE TO PARTICIPATION IN SWIMMING COMPETITION DURING THE COVID-19 PANDEMIC

I, undersigned competitor / parent / child's legal guardian:		
competitor's name and surname	parents'/ legal guardians' names and surnames (applies to underage competitors)	
Club name:		
	I/we declare that:	
the competitor or his parents / leg l undertake to abide all the rule Only healthy people can take pareough, fever, and in the case of cunder the care of medical service l acknowledge and accept the not be / the child will not be allow sanitary services will be notified at l undertake to immediately information of the last 10 days, has had contain the last 10 days, has ha	at in the case of visible signs of illness in me / my child, I will wed to participate in the competition, and the appropriate bout my / my child's condition health. Irm the organizer about any changes in the health situation burroundings during the competition. Irroundings during the competition. Irrou	
in (city, facility address)in the current epidemiological situ	uation in Poland and around the world (pandemic). e risks to my health / the health of my child and our families,	
•	he SARS-CoV-2 virus may occur on the premises of the	

- I am aware that infection with the SARS-CoV-2 virus may occur on the premises of the facility, despite the sanitary restrictions introduced and resulting from the provisions of law and all protective measures implemented,
- is aware that in the case of an infection or suspicion of infection in me / my child, his parents, coaches or staff of the facility, the Championship will be suspended, and all presently present on the premises and their families will be subject to epidemic proceedings,
- I am aware that if I notice any disturbing symptoms in me/a child / employee, this person will be immediately placed in a prepared isolation room, equipped with the necessary personal protective equipment, the child's parent / guardian as well as relevant services and

authorities will be notified immediately. A designated person will take care of the child unti the child is picked up. □ I declare that child is not / is allergic to disinfectants. (If allergic, name the allergens:)		
□ I declare that in the case that in the case of of the facility or the occurrence of symptoms of situations described in the above document, I claims to the organizer, facility and the body sepidemiological threat arising from the current	my child becoming infected on the premises on the premises of the facility resulting in the will not make any complaints, grievances, upervising the facility, being fully aware of the	
date and signature of an adult competitor		
date and parents'/ legal guardians'signature	date and parents'/ legal guardians'signature	