

Annex №1

DECLARATION
/to be presented at accreditation/

By
(name of the person or official representative for underage persons)

Official representative of
(Name of the underage person, when applicable)

Delegation of

I HEREBY DECLARE THAT:

- I am not currently showing symptoms of any viral disease (fever, cough, difficult breathing, disturbance or loss of taste and smell, etc.)
- I have not been in contact with any person, sick with COVID-19 in the past 14 days
- I have not been in quarantine for the past 14 days
- I am familiar with and will follow the instructions, regarding prevention of COVID-19
- I am obliged to immediately contact the medical team and my coach, in case of any symptoms
- I am familiar with the epidemic situation in Bulgaria, as well as with the risk of spread of COVID-19
- I am familiar with the fact that I bear personal responsibility, in case of presenting untruthful information
- I am familiar with the fact that the LOC does not bear any responsibility, in case I am infected with COVID-19.

Contact information:.....

Email address:.....

Phone number:.....

Hotel and room number:

Signature:

Date:

(name)