

## Partnership Consent Form

I, the undersigned gymnast acknowledge and agree that:

- I want to recommence team sport interaction (working in pairs and groups) at Deerness Gymnastics Club hereby known as the 'the recognised gymnastics environment' and I confirm that I am not being forced to train;
- I have been given access and opportunity to fully understand the British Gymnastics Team Sport Framework Action Plan including guidance on social distancing, the return to training and use of sports facilities and the specific British Gymnastics controls (on reducing the severity of risk and operational procedure) and my responsibilities under these and I acknowledge that I am required to follow the Government Guidance and the British Gymnastics guidelines at all times;
- I have had time to review and understand, and confirm I will abide by, the British Gymnastics Covid-19 Code of Behaviour and the expectations set out within this document;
- I understand the requirement for a phased return to training and have already been taking part or will soon begin to take part in activities as an individual for two weeks prior to engaging in any pair or group activities as outlined within the Team Sport Framework Action Plan;
- I acknowledge that the Government Guidance and the British Gymnastics Guidance may be updated and I will keep myself up to date, knowledgeable and compliant with all current guidance;
- I confirm my understanding of the inherently increased Covid-19 related risk associated with beginning and participating in team sport activities and acknowledge the related risks (both known and unknown);
- A failure to follow Government Guidance or the British Gymnastics Guidance carries with it the increased risk of contracting or spreading the Coronavirus; I will encourage compliance by all other users of the recognised gymnastics environment who are in my presence. In the event of non-compliance I will report any concerns immediately to the designated Covid-19 representative or officer responsible for the recognised gymnastics environment;
- I understand the risks of either my failing to follow the Government Guidance or the British Gymnastics Guidelines, and understand that although I will may be working with people within the recognised gymnastics environment who have also opted-in to agreement with the controls, their failure to comply with guidance may increase risk;
- I understand and accept the sport-specific risk associated with the return to team sport interactions within training at the recognised gymnastics environment. I certify that I am physically and mentally well enough to return to pair and group training and that I am allowed to participate in training under current HM Government Guidance;
- I have no underlying medical issues which deem me clinically extremely vulnerable, nor am I required to shield, nor are any members of my household. I have not withheld any information in relation to recent illness, injury and medications;
- If I experience any Covid-19 symptoms or suspected Covid-19 symptoms at any time, I will bring this to the attention of the Covid-19 representative or officer (or other suitable person) within the recognised gymnastics environment immediately. If experienced while I am on site within the recognised gymnastics environment, I will also immediately cease participation, inform the relevant persons and return home to self-isolate;
- I understand that the recognised gymnastics environment is duty bound as a British Gymnastics member club to provide a safe environment under the British Gymnastics Safeguarding policy and procedures, and that a return to team sport training does not permit any relaxation of this policy and procedures;
- I understand that I have the ability to stop team sport related training at the recognised gymnastics environment at any time if I have concerns in relation to Covid-19 or associated risks.

**I have read this opt-in agreement, the Covid-19 code of behaviour, and have knowledge of the Team Sport Framework Action Plan. I fully understand its terms, understand my responsibilities under this agreement and sign it freely and voluntarily without any persuasion.**

Gymnast name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian name for Under 18's: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_