



DECLARATION

I the undersigned hereby declare that:

- I do not have and have not shown symptoms of a viral infectious disease in the last two weeks (e.g. fever, cough, shortness of breath, sudden loss of taste and smell, etc.)
- I have not been diagnosed COVID-19 positive
- I have not been ordered to quarantine due to a diagnosis of COVID-19 or contact with a COVID-19 positive person
- I have not (knowingly) come into contact with a COVID-19 positive person in the last two weeks.

Likewise, I declare that I meet one of the following conditions for obtaining accreditation and being allowed to enter the ice rink. I have:

- a negative PCR test result not older than seven days
- a negative antigen test result not older than 72 hours
- confirmation of vaccination against COVID-19 (at least 14 days after the second dose)
- confirmation of having had COVID-19 within the last 180 days.

I am aware of the legal consequences if this declaration is not true.

Date:

Participant's name:

Contact (tel. / email):

Participant's signature: