



## SOUTH AFRICAN WRESTLING FEDERATION COVID-19 Waiver

I \_\_\_\_\_ (ID number: \_\_\_\_\_)

herby acknowledge that I understand the contagious nature of the Coronavirus commonly known as Covid-19 and that public health authorities strongly recommend practicing social distancing to minimise the risk of contracting the disease.

I further acknowledge that the South African Wrestling Federation (SAWF), its affiliated associations and its clubs, has put in place a variety of preventative measures to reduce the spread of Covid-19 and to protect my health and safety as athlete/coach/administrative staff as well as the health and safety of the public at large.

I understand that although these efforts have been made there remains a risk that through my participation in the sport of wrestling, either as athlete, coach or administrative staff, I may come into contact with an infected person(s) and/or become infected myself. I acknowledge that the risk of exposure while training may result from the actions/omissions or negligence of myself and others, including but not limited to my coach, other athletes, administrative staff and other members of the SAWF.

I acknowledge that I have read the SAWF's Covid-19 policy and guidelines and understand that I do not need to return to training at this stage. I hereby acknowledge that, regardless of the aforementioned, I voluntarily seek to return to training and acknowledge that I am increasing my risk of exposure to Covid-19.

I agree to adhere to the rules, policies and guidelines set in place by the SAWF and my club, at all times, when training. I acknowledge that my failure to comply will result in immediate suspension of my membership pending a disciplinary investigation which may result in sanctions being imposed on me.

I hereby indemnify and hold harmless the SAWF, its affiliated associations and clubs included, against any claims for loss or damages of whatsoever nature and howsoever arising in connection with my training with the SAWF. I understand that in signing this indemnity I discharge the SAWF from any liability or claim that I, my heirs, or any representatives of me may have against the SAWF with respect to any bodily injury, illness, death, medical treatment or property damage that may arise from, or in connection to, my training with the SAWF.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
**Full Name**

*(name of parent signing on behalf of  
minor if applicable)*

\_\_\_\_\_  
**Signature**

As Witness:

\_\_\_\_\_  
**Full Name**

\_\_\_\_\_  
**Signature**