Westcroft Park Polo Club Ltd
Windlesham Road,Chobham
Surrey, GU24 8SN
Tel: +44 (0)1276 858545 Email: info@westcroftparkpolo.co.uk
www.westcroftparkpolo.co.uk

WAIVER AND DECLARATION IN RECOGNITION OF COVID-19

I understand that Covid-19 is a virus which is contagious and potentially fatal. I accept that despite procedures put in place to lessen the risks of the virus being transmitted there is still a risk that this can happen. I acknowledge that it is my responsibility to be satisfied that the procedures in place at any venue where I play are acceptable to me. If I am not so satisfied, I agree to register those concerns at the time with an official of the club and the HPA and shall not play or remain on the premises unless or until my concerns have been addressed.

I confirm that I have been symptom-free for the last 14 days, and that I have not been in contact with anyone who has those symptoms.

I am aware and understand the government guidance and the measures as regards social distancing, hygiene (etc) and I will keep my knowledge and understanding of these current as the guidance may change. I accept full responsibility for mine and my staff actions and hygiene whilst at an affiliated Club and we will abide by the measures that the club has adopted to ensure a Covid-19 safe environment. I understand that I do not have to visit any club if I do not wish to and do so at my own risk and cannot hold the Club responsible for any personal illness associated with Covid-19 if I have accepted the procedures as satisfactory.

Optional on behalf of the below

I also confirm that I have checked that the following persons, who are or will be the only persons travelling with or working for me at any venue where I play polo, have also been symptom-free for the last 14 days, and have not been in contact with anyone who has those symptoms. I also confirm that they accept the waiver and that they have authorised me to sign this on their behalf as well as my own.

Names; ………..

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Signed…………………………………………………………………………..

Name……………………………………………………………………. **Date**…………………………….