



Affiliate of FIDE and SASCOC

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**TEMPLATE 1
COVID-19 PERSONAL INDEMNITY AND DECLARATION FORM**

Name and Surname	
ID Number/Date of Birth:	
Contact Number:	
Emergency Contact Number:	
Residential Address	
Next of Kin (Staying at same Address):	
Contact number (Next of Kin):	
Temperature	

I knowingly and willingly consent to myself or for a minor under my care _____, to attend chess tournaments/training/activities organised by _____

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. I understand that due to the frequency of interaction with other players/officials, the characteristics of the virus, and the characteristics of chess activities, that I have an elevated risk of contracting the virus simply by being at the chess venue. High risk patients relating to the severity of COVID-19 are persons over the age of 60 and persons who have pre-existing medical conditions such as: asthma, chronic lung conditions, hypertension, autoimmune disease, organ transplants, cancer, immunocompromised, obesity (BMI over 40) and liver or kidney disease conditions.

I am aware of the risks involved with the spread of COVID-19 and the risks it may hold to my health and the health of others I come in contact with. I accept those risks and hereby indemnify and hold _____ and its staff blameless should I contract the disease at the venue of the chess tournament/training/meeting/activity.

I will abide by all the regulations and rules for participation in chess activities as laid out in the Chess South Africa COVID-19 Operational Plan and also the Operational Plan of the Province. I have read and understood these regulations and rules for participation in chess activities as laid out in the SAGF COVID-19 and Starlet Rhythmic Gymnastics Club policy and confirm I will comply thereto and prepare accordingly.

I hereby confirm to the best of my knowledge that I am currently free from COVID-19. I also confirm that I have not had any symptoms of COVID-19 such as high temperature or fever, a new continuous cough or new unexplained shortness of breath in the 14 days immediately prior to the resumption of playing/attending this chess tournament/meeting/training/activity.

I also hereby confirm that I have not been in contact with a COVID-19 confirmed or suspected case in the 14 days immediately prior to the resumption of training or playing;

Signature
Date:

Executive Board

President: **Joe Mahomole** Vice-President 1: **Alfred Pesa** Vice-President 2: **Sandile Xulu** Treasurer: **Vacant** General Secretary: **Liesel Ahjum** Provincial Representative: **Keobaka Dipale** Provincial Representative: **Mninawa Peter** Provincial Representative: **Vacant** Schools Representative: **Thomas Lechelele** Players Commission: **Kgaugelo Moseitlhe**