

Questionnaire on the Corona virus regarding participation in the event

Brno Open Dance Festival held in Brno, Czech Republic, on March 6th-8th 2020

We are committed to implementing and adhering to the measures to contain the spread of the Corona virus developed by official bodies. DanceSport athletes and officials all have a personal responsibility to protect themselves and to help stop the spread of the Corona virus by taking all necessary precautions.

Therefore, we ask you to answer the questions below truthfully i.e. to tick yes or no in each case. **Based on this, you confirm that you fulfil the requirements to participate in the competition.** In doing so, you will contribute significantly to keeping the residual risks for you and your environment to a minimum.

WDSF-MIN: _____	Date of birth: _____
Family name: _____	First name: _____
Street: _____	ZIP/Location: _____
Country: _____	Phone: _____
Email: _____	

I have been visiting **China, Iran, Korea or the Italian Regions of Emilia Romagna, Piemont, Lombardi and Veneto** in the last two weeks. Yes No

I have been visiting any other risk area in the last two weeks Yes No

I experience symptoms of a respiratory infection and I have temperature Yes No

I had contact with a person, who has been positively tested on the corona virus Yes No

I acknowledge the following recommendations

- **I avoid close contact with other persons (including shake hands).**
- **I cough or sneeze in tissues, clothing or my crook of the arm.** Yes No
- **I wash my hands frequently, especially after direct contact with ill people or their environment.**

Consent form and confirmation to be signed by the athlete and his/her legal representative:

- With my signature confirm I, that I have read and understood the above mentioned information.
- I confirm the correctness of my personal data and the truthfulness of the answers to the questionnaire.
- This data is only used by the organizer of the competition and will not be transferred to third parties. If the organizer is required by law he may report your personal information to the authorities.

Athlete	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____ Signature: _____
Legal represent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____ Signature: _____