

SELF-CERTIFICATION FORM SARS-COV-2 / COVID-19

(hereinafter referred to as the "Participant" or also the "Signatory")

In consideration of being allowed to compete, officiate, observe, work, or participate in any way in the **INTERNATIONAL GT OPEN 2020** and/or being permitted to enter for any purpose any AREA of the CIRCUIT where the EVENT is held, and AWARE of the criminal penalties provided for in the event of false declarations and the creation or use of false deeds **DECLARES AND CERTIFIES UNDER HIS/HER OWN RESPONSABILITY** the following:

1. The signatory has acknowledged the content of the **Adaptation protocol and Action Plan of Circuit de Barcelona-Catalunya for the resumption of sports activities 8V4 - June 30th, 2020**) approved by the Secretaria General de l'Esport i de l'Activitat Física (Departament de la Presidència) - Generalitat de Catalunya), wich current version was previously provided and acknowledged to the Participant and will be made available for consultation at any time before and during the Event(s);

2. The Signatory accepts and agrees to be abide by the **Contingency Plan or Protocol for SARS-CoV-2**, including the rules, measures and recommendations contained therein, during and in connection to the Event(s) of the FESTIVAL DE LA VELOCIDAD DE BARCELONA 2020:

3. By hand-writing YES/NO correspondingly, the Participant hereby declares:

	Yes	No
A. Have you previously been diagnosed with SARS-CoV-2 / COVID-19?		
B. Have you experienced any symptoms (e.g. fever, chest pain or without dyspnea (shortness of breath), dry cough, gastroenteritis / diarrhea, asthenia (unusual tiredness), anorexia (decreased appetite), loss of taste or smell and/or others according to the updated local official regulations / indications about Public Health related to Covid-19 disease) that may be compatible with) SARS-CoV-2 / COVID-19 in the last 14 days?		
C. Have you been in contact with any person diagnosed with SARS-CoV-2 / COVID-19 in the last 14 days?		

The Signatory also undertakes to immediately inform the Medical responsible of Circuit de Barcelona-Catalunya (as well as the local medical Authorities) if at any time within 14 (fourteen) days from signature of this SELF-CERTIFICATION FORM or within 14 (fourteen) days after the Events he/she should experience any symptoms compatible with SARS-CoV-2 / COVID-19.

For acceptance upon check-in at the Event(s)

NAME AND SURNAME : _____

DATE OF BIRTH: _____

NATIONALITY: _____

ID/PASSPORT NUMBER: _____

E-MAIL: _____

MOBILE PHONE: _____

TEAM OR COMPANY: _____

SIGNATURE: