<u>Declaration of consent for participants at the sports event:</u> <u>"European Open Berlin" organized by the *Berlin Frisbeesportverband*, with regards to the Corona pandemic:</u>

| Frisbeesportverband, with regards to the Corona pandemic: | | |
|--|--|--|
| Surname: | | |
| Forename: | | |
| Date of birth: | | |
| Address: | | |
| Nationality: | | |
| Tel.: | | |
| I have noted the hygiene and safety measures and I am willing to abide by them. Furthermore, I am willing to follow any orders from the tournament | | |

I have noted the hygiene and safety measures and I am willing to abide by them. Furthermore, I am willing to follow any orders from the tournament organizers. I am aware, that there always remains a risk for a SARS-CoV-2-infection, whilst part-taking in this event.

I declare, that I will not part-take in this event, if I become aware of showing any symptoms of disease or having contact to anyone diagnosed with the Corona-virus within the last 14 days before the tournament. Should it be the case, that I am diagnosed with the virus within two weeks after the event, I will contact the tournament organizers immediately (e-mail: anthraxium {at} gmx {dot} de).

If I had been staying in a "risk-area" within 14 days before the event, I can provide evidence of a negative corona-test-result, that was taken no more than 48 hours before entering Germany, as detailed on pages 6-7 of the hygiene and safety measures.

At last, I was informed, that any usage of my personal data, informations regarding symptoms of disease and information regarding contact to persons diagnosed with the corona-virus ensures data protection. The information will only be used to meet the requirements of the infection protection laws, as well as any other relevant rules. I am willing to part-take at the tournament under the circumstances detailed above.

| as any other relevant rules. I am willing to part-take at the tournament under the circumstances detailed above. | | |
|--|-----------|--|
| Place, date | Signature | |