

	LORO PIANA SUPERYACHT REGATTA 2021 <i>Porto Cervo, 1 - 5 June 2021</i> Edition: 14°
	COVID-19 EMERGENCY Safety Protocol Swab Test Declaration & Safety Guidance Consent Form

The undersigned _____ Owner/Skipper of the boat _____

entered at the **LORO PIANA SUPERYACHT REGATTA 2021**

DECLARE, UNDER MY OWN RESPONSIBILITY

that the whole crew had a swab test with negative result, not earlier than 48 hours prior to arriving in Porto Cervo at the regatta village and hereby confirm that my crew (herein "Team") and I:

- are fully aware of the infection risks associated with Coronavirus/COVID-19 and that health authorities continue to recommend social distancing;
- recognise that the Loro Piana Superyacht Regatta OA has arranged all possible preventive measures to reduce the spread of Coronavirus/COVID-19;
- recognise that the Loro Piana Superyacht Regatta OA cannot guarantee that the team will not be infected by Coronavirus/COVID-19 and I also understand that the risk of being exposed to and/or infected by Coronavirus/COVID-19 may derive from the behaviour, omission or neglect of the Team and of others, including, as an example, but not limited to, other participants and OA personnel;
- recognise that participation in the Loro Piana Superyacht Regatta may imply increased exposure risk to Coronavirus/COVID-19;
- respect the General Protocol issued by the FIV and the OA and provided to the Team through official communication channels (e-mail and website www.yccs.it), and during the Technical brief organised for the purpose of reducing the spread of Coronavirus/COVID-19 during event participation;
- measure our temperature daily to make sure it is under 37.5° C;
- are aware we must stay home should our temperatures be over 37.5° C or if other symptoms appear;
- are aware that if we experience flu symptoms or an increase in temperature, we must return to our place of stay away from any of the event locations.

I also confirm that the Team:

- o over the 14 days prior to arrival at Porto Cervo has not experienced any symptoms such as cough, shortness of breath, temperature, shivering, repeated shaking with shivering, muscle pain, headache, sore throat, loss of senses of taste or smell.
- o has not been in direct contact with people who have been positive to COVID-19 and have not been on trips to or from places that required a period of quarantine.
- o adheres strictly to government advice each time it is issued which concerns containing exposure to Coronavirus/COVID-19.
- o will contact the COVID-19 unit without hesitation if another member of the Team should experience any symptoms that are compatible with COVID-19 by calling the number **1500** or the number **112**.

By signing this consent form, I accept and confirm that the Loro Piana Superyacht Regatta OA has no direct or indirect responsibility for any possible Coronavirus/COVID-19 infection. I also declare that, I myself, the Team, and any other person who is directly or indirectly connected to us (as an example but not limited to family members and any personal representative) renounce all legal action or out of court procedures, claims, requests, damages or losses, costs, expenses relating to the Team, and/or to my property that may derive from any default by the Loro Piana Superyacht Regatta OA or which may arise in any way as a result of any services received from the Loro Piana Superyacht Regatta OA.

I understand and accept that this consent form will exonerate the Loro Piana Superyacht Regatta OA from any responsibility or demand that I, the Team or any other person directly or indirectly connected to us may attribute or present to them in relation to any injury, illness, death, medical assistance, or damages to property that may arise from or be in connection to any service received from the Loro Piana Superyacht Regatta OA.

This waiver of responsibility is extended to the Loro Piana Superyacht Regatta OA, all its members, partners and employees.

This form is valid for the Loro Piana Superyacht Regatta OA that is due to take place from 1 to 5 June, 2021. Should the health condition of the Team change, causing forfeiture of this waiver, I hereby confirm that I will notify the COVID-19 unit and will not be present at the event scheduled out of respect for public health.

Place: _____ Date: _____ Read and approved, Signature _____