**Hungarian Vizsla Society**

**Risk Assessment COVID-19 and Test & Trace**

**CONFIRMATION AND ACKNOWLEDGMENT OF HAVING READ, UNDERSTOOD AND AGREEMENT TO ABIDE BY THE C-19 STIPULATIONS CONTAINED HEREIN, AND CONSENT TO PARTICIPATE IN THE NHS TEST AND TRACE PROCESS**

**Name: Date:**

**Signature:**

**NHS TEST & TRACE**

**Competitor**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  |  |
| Post Code |  |
| Telephone |  |
| Email |  |
| Signed |  |

**Accompanied by**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  |  |
| Post Code |  |
| Telephone |  |
| Email |  |
| Signed |  |

If you experience any of the following symptoms call 111 or visit [www.nhs.uk](http://www.nhs.uk) immediately

MAIN CORONAVIRUS (COVID-19) SYMPTOMS: A high temperature, a new continuous cough, a loss or change of taste or smell.