**Scotland Wheelchair - Staff Opt-In**

I, the undersigned employee of Scotland Wheelchair acknowledge and agree that:

1. I freely agree to return to work for Scotland Wheelchair at the organised training environment or the defined performance facility and am not being compelled to do so;

2. I have been given access to and fully understand the Scottish Government (SG) guidance (on social distancing, return to training and use of sports facilities) and the Scotland Wheelchair Risk Assessment and Risk Mitigation Plan and my obligations under these and I acknowledge that I require to follow the Scottish Government guidance and the Scotland Wheelchair Risk Assessment and Risk Mitigation Plan at all times;

3. I acknowledge that the Scottish Government guidance and the Scotland Wheelchair Risk Assessment and Risk Mitigation Plan may be updated and I will keep myself up to date, knowledgeable and compliant with all updates;

4. I hereby assume all risks both known and unknown concerning COVID-19 and working at the organised training environment or the defined performance facility during this time;

5. A failure to follow Scottish Government guidance or the Scotland Wheelchair Risk Assessment and Risk Mitigation Plan carries with it the risk of contracting or spreading COVID-19; I will encourage compliance by all other employees and users of the organised training environment or the defined performance facility who are in my presence if there appears to be non-compliance and report any concerns I may have to the Scotland Wheelchair COVID-19 Officer (Peter Lowis);

6. I hereby assume all risks both known and unknown of either my failing to follow the Scottish Government guidance or the Scotland Wheelchair Risk Assessment and Risk Mitigation Plan or any other person who is present at the organised training environment or the defined performance facility failing to follow the same;

7. I understand and accept the sport-specific risk associated with a return to working and performance athletes training at the organised training environment or the defined performance facility and certify that I am physically and mentally well enough to return to working;

8. I have declared my recent medical history (relative to COVID-19); I am not deemed clinically extremely vulnerable, nor am I required to shield, nor are any members of my household;

a. If I experience any COVID-19 symptoms or suspected COVID-19 symptoms at any time hereon, I will bring such to the attention of the Scotland Wheelchair COVID-19 Officer Peter Lowis immediately and if experienced during my presence on site at the organised training environment or the defined performance facility, I will also immediately cease working and isolate;

9. If I am contacted and advised to isolate as a result of the contact tracing processes outlined by the Scottish Government, I will comply with the Scottish Government guidance and inform the Scotland Wheelchair COVID-19 Officer Peter Lowis;

10. I understand that I have the ability to opt out of operating at the organised training environment or the defined performance facility at any time if I have concerns as to COVID-19 or associated risks and I confirm that it has been explained to me that I will not be subject to any unreasonable detriment in connection with the same;

**I, the undersigned employee of Scotland Wheelchair, have read this opt in agreement and I fully understand its terms, understand my obligations under this agreement and sign it freely and voluntarily without any inducement.**

Print name:

Signature:

Date:

**I, the undersigned Line Manager, confirm that the training related to the Scotland Wheelchair** **Risk Assessment and Risk Mitigation Plan has been completed for the above employee of Scotland Wheelchair**

Print name:

Signature: Date: