Weber State University COVID-19 Attestation Form for Competition

Weber State University requires all teams competing against its members to meet the weekly testing minimum requirements as set forth by the below WSU Protocols.

The **Sport Club Coordinator** (or equivalent full time staff member that oversees the sport clubs) and **Club President** of the attending institutions must complete this document and exchange with Weber State University's Competitive Sports Coordinator, Josh Brooks, **no later than 5 p.m. local time for the host institution the day prior to the competition**.

By signing and dating this form, you attest that your institution has satisfied the policy requirements outlined below:

1. Your institution has complied fully with local and state protocols for testing, surveillance, quarantine and isolation protocols during the week leading into competition with Weber State University.
2. All student-athletes, coaches, support staff, medical staff and travel party who will participate in the contest *(hereinafter referred to collectively “travel party”)* have been tested for COVID 19 weekly or are fully vaccinated for COVID 19.
3. No individual with a positive test result, or an individual who should be in isolation or quarantine has traveled with the team or is currently participating with the team.
4. No members of the travel party have had a verified positive test, have not been released from isolation or have been identified as being in close contact to a person who is subject to quarantine under the guidelines.
5. Upon date and time of signature, no member of the travel party has developed new symptoms that might indicate an infection of COVID-19 between the time the most recent test was collected and the beginning of the contest.
6. Should a member of your institution’s travel party become symptomatic or have a positive test for COVID-19 in the 48 hours after the contest, your institution must notify Josh Brooks as soon as possible.
7. Participating institutions agree to comply with game management protocols, including masking, social distancing, etc., as outlined in the attached “WSU Home Site Protocol” document.

**INSTITUTION:** __________________________________________________________

**SPORT:** ______________________________________________________________

**DATE OF COMPETITION:** ________________________________________________

**Sport Club Coordinator**

Signature

Print or Type Name

Date

**Club President**

Signature

Print or Type Name

Date