

DECLARATION

COVID-19

(commonly known as **Coronavirus Disease**)

I, the undersigned, hereby declare as follows:

1. To the best of my knowledge and belief, I have not contracted COVID-19;
2. To the best of my knowledge and belief, I have not visited any area infected by COVID-19 in the last 14 (fourteen) days; and
3. I will hold blameless and indemnify Evergreen Health (Pty) Ltd as well as its respective directors, officers, employees, agents, independent contractors, representatives, subsidiaries, affiliates, associated companies, controlling or holding companies, and insurers past and present from any and all liability for any personal injury, harm, patrimonial loss, death, loss of support or any other damages of any nature whatsoever or howsoever arising, including consequential damages, in the event that I do contract COVID-19.

Name and Surname:

Date:

Signature:
