

ANNEX 1B

IBU DECLARATION OF OBLIGATIONS FOR OC VOLUNTEERS

I, the undersigned stakeholder

| FAMILY NAME | FIRST NAME | DATE OF BIRTH | NATION / COMPANY |
|---------------------|------------|---------------|------------------|
| | | | |
| ADDRESS (STREET, No | ZIP, CITY | NATION | |
| | | | |
| EMAIL | PHONE | | |
| | | | |

hereby agree to recognize and follow the COVID-19 IBU EVENT GUIDELINES and/or any stricter national COVID19 regulations of the event hosting country during the IBU season 2021/2022 and related policy, especially the:

1. Reporting Policy (a positive COVID-19 test-result must be reported **IMMEDIATELY** to the IBU and OC designated COVID-19 contact person);

2. Behavioral and hygienic requirements;

3. COVID-19 Test Protocol

I, the undersigned, declare that I have received the above named guidelines, annexes and directives. It is my own responsibility to obtain information on any amendments to these guidelines and directives, which can be found in its latest versions on: <https://www.biathlonworld.com/about-ibu/inside-ibu/staysafe/>

I, the undersigned, furthermore declare that I have provided valid identification documents to verify my tests/vaccination information. Having signed this document, I, the undersigned, am eligible to participate at IBU events as long as the required test results acc. to the test protocol (Annex 7 of IBU COVID19 Guidelines) are negative or alternatively a full vaccination applies.

In case of a positive COVID-19 test result, I am not allowed to enter the venue until further detailed notice from OC/IBU. I will:

- ☐ provide my vaccination/recovery status to the OC and agree that it is stored until two weeks after the last day of the event. (Free access with accreditation card)
- ☐ provide my vaccination/recovery status or valid negative test result (as above) each day at the venue entrance by presenting a QR code to be scanned. (Accreditation card alone is not sufficient for venue access)

The chosen option above will be displayed on the accreditation card respectively.

In case of an intentional breach of the defined duties I will be excluded from all IBU events immediately. By signing this document I agree, that my personal data will be stored until 31.03.2022 and can be provided to health authorities on demand.

This declaration will be valid until it is revoked by the undersigned.

| PLACE | DATE | SIGNATURE |
|-------|------|-----------|
| | | |