

COVID-19 DECLARATION

DELHI ROCK 2021

I, _____, do hereby declare:
(*name*)

1. I have had at least one Covid-19 vaccination shot. Yes [] No []
2. I recently had Covid-19 and as per govt norms am waiting for my jab. Yes [] No []
3. I understand that it is important to stay home if I'm feeling unwell in any way. Since others are exposed to me at environments like Delhi Rock, I will rest at home on days I am feeling unwell or weak. Yes [] No []
4. I will inform Delhi Rock as soon as I learn of any personal exposure to Covid-19, among my family, friends, co-workers, etc., so that they can promptly inform others who might have come into contact with me. Yes [] No []

Name:

Date:

Signature: