



# BC RUGBY

## CONSENT TO RECORD VACCINATION VERIFICATION



I give BC Rugby and my Member Club permission to record and retain confirmation that I have provided proof of being fully vaccinated and that BC Rugby has verified that proof.

This information will be used solely for the purpose of determining and verifying my eligibility to access and/or participate in non-essential services and activities and will not be otherwise collected, used, or disclosed without my approval.

I understand that, if I wish to withdraw this authorization, I may do so at any time by writing to BC Rugby and my Member Club.

I understand that this information will be held until I withdraw my authorization, or the Order of the Provincial Health Officer dated September 10, 2021 expires or is repealed.

I have read and understood this form, and I have had the opportunity to ask questions and have had them answered to my satisfaction. By signing below, I consent to these terms.

Member Name: \_\_\_\_\_

Member #: \_\_\_\_\_

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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If participant is under 19 years old:

Name of Guardian: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_