



COVID-19 Assumption of Risk & Permission Form

BY SIGNING THIS DOCUMENT, YOUR LEGAL RIGHTS MAY BE AFFECTED – PLEASE READ CAREFULLY.

Dr. Bonnie Henry stated on May 16, 2020 that “COVID-19 is new for all of us”. We at the Cowichan Valley Regional District (CVRD) responded to the direction from our public health officials to first close our facilities and cease offering services. We are now responding to the direction to reopen our facilities and offer services to our community cautiously, with the safety of our staff and community being our priority.

COVID-19 remains a worldwide pandemic and a threat to our local health and safety. We know the following (this list is not intended to be exhaustive):

1. The infectious agent, SARS-CoV-2, has caused community transmission of a serious communicable and potentially fatal disease known as COVID-19 amongst the population of the Province of British Columbia;
2. Our public health officials have determined this constitutes a regional event, as defined in section 51 of the *Public Health Act*;
3. A person infected with SARS-CoV-2 can infect other people with whom the infected person comes into contact with; and
4. The gathering of people in close contact with one another can promote the transmission of SARS-CoV-2 and increase the number of people who develop COVID-19.

We cannot be certain that a person (of any age) will not contract SARS-CoV-2 at one of our facilities and/or while participating in one of our programs, but we have taken the steps required to develop our COVID-19 Safety Plan. Our COVID-19 Safety Plan and COVID-19 Policies and Procedures are available for your review at www.cvrld.bc.ca/3303/COVID-19-Recreation. We have implemented our COVID-19 Safety Plan and will be applying our policies and procedures, but **the risk remains that a COVID-19 outbreak could occur despite our best efforts.**

It is vital that no person who feels sick in any way visit any of our facilities and/or utilize any of our services. We do not employ health professionals to physically conduct screening, so it is important that you self-screen prior to visiting our facilities. It is also vital that no person bring a child to any of our facilities if the child is feeling unwell or showing any symptoms of illness. Again, you must conduct self-screening.

Please do not participate in any of our programs or services if you have:

- experienced cold or flu-like symptoms within the last 14 days;
- been in close contact with anyone else who has had these symptoms in the last 14 days;
- travelled outside of Canada in the last 14 days; or
- been in close contact with anyone else who has travelled outside of Canada in the last 14 days.

If you would like more information regarding the risks associated with COVID-19, please review the BC CDC guidelines for recreation facilities: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/community-settings/recreation-facilities>

By signing this form, you understand and agree to the following:

- I will screen my myself prior to attending the program and will report any illness or fever immediately to the instructor;
- I understand that I may be screened for illness prior to attending the program;
- I understand that if I am displaying symptoms of respiratory distress or illness, I will be asked not to participate;
- I understand that if I have become ill within 14 days of visiting one of our facilities and/or while taking part in one of our programs, it is vital that I report this immediately to staff and seek appropriate medical attention by first calling 8-1-1. (We will share personal information for the purposes of contact tracing if the need arises);
- I understand that any person who exhibits any aggression towards our staff or any other person in one of our facilities and/or programs will be asked to leave and not return; and
- I agree to follow all guidelines set out in this form and understand that if I do not follow these guidelines I will be asked to leave and not return.
- I acknowledge that I understand the above information and I wish to participate in this activity/make use of this facility. I acknowledge that the CVRD does not provide continuous supervision for the entire session, and that there are risks associated with my participation, including the risk of physical injury, illness, loss of life, and property damage. This activity may involve risks associated with physical contact, contact with physical structures or may require a higher level of athleticism, skill and knowledge. I acknowledge that my choice to participate brings with it the assumption and understanding of the risk of an accidental injury that may occur during the activity that is beyond the control of the recreational staff and volunteers. I acknowledge that I have inquired about the activity and the potential for an accidental injury to occur. I agree to release and hold harmless the CVRD, its employees, offices, agents, affiliated community association, and volunteers, from any claims for injury, loss or damage that I may sustain while participating, including claims of negligence.

I have read, understand and agree to the Assumption of Risk Form.	INITIAL HERE
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Print name clearly

Date

Phone Number

Email Address

Signature