



## **Assumption of Risk and Waiver of Liability Relating to Coronavirus/Covid-19**

*This waiver & declaration must be completed prior to or upon visiting (name of facility of event) and before participating in any activity.*

*The novel coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is known to spread mainly by contact from person to person. Consequently, local, provincial and federal governmental authorities recommend various measures and prohibit a variety of behaviors, in order to reduce the spread of the virus.*

*(name of CO) and ScotDance Canada and its members commit themselves to comply with the requirements and recommendations of National, Provincial and local Public health and other governmental authorities, and to put in place and adopt all necessary measures to that effect. However, (name of CO) and ScotDance Canada cannot guarantee that you (or your child, if participant is a minor/ or the person you are the legal guardian of) will not become infected with COVID-19. Further, attending the Activities could increase your (or your child, if participant is a minor/ or the person you are the legal guardian of) risk of contracting COVID-19, despite all preventative measures put in place.*

---

*By signing this document,*

*I acknowledge the highly contagious nature of COVID-19 and I voluntarily assume the risk that I (or my child, if participant is a minor/ or the person I am the legal guardian of) could be exposed or infected by COVID-19 by participating in (name of CO) /ScotDance Canada's activities. Being exposed or infected by COVID-19 may particularly lead to injuries, diseases or other illnesses.*

*I declare that I (or my child, if participant is a minor/ or the person I am the legal guardian of) am participating voluntarily in (name of CO/ScotDance Canada)'s activities.*

*I declare that neither I (or my child, if participant is a minor/ or the person I am the legal guardian of) nor anyone in my household, have experienced in the last 14 days prior to the date of (name of CO/ScotDance Canada), cold or flu-like symptoms (including fever, cough, sore throat, respiratory illness, difficulty breathing) and have not travelled to or had a layover in any country outside of Canada.*

*I declare that neither I (or my child, if participant is a minor/or the person I am the legal guardian of) have tested positive for COVID-19, and have not yet been cleared to discontinue isolation in accordance with applicable criteria communicated by public health officials (awaiting results); have been in close contact with a person who, to my knowledge, had symptoms of COVID-19 or has tested positive for COVID-19, and have not yet been cleared to discontinue isolation in accordance with applicable criteria communicated by public health officials; or am currently subject to a quarantine or self-isolation order.*

*If I (or my child, if participant is a minor/ or the person I am the legal guardian of) experience, or if anyone in my household experiences any cold or flu-like symptoms after submitting this declaration, I (or my child, if participant is a minor/ or the person I am the legal guardian of) will not attend any of (name of CO/ScotDance Canada)'s activities, programs or services until at least 14 days have passed since those symptoms were last experienced.*

*I (or my child, if participant is a minor/ or the person I am the legal guardian of) agree to the requirements and recommendations of National, Provincial and local Public health and other governmental authorities and to those special safety regulations put in place by (name of CO/ScotDance Canada) as it pertains the Covid-19 Coronavirus and to adopt all necessary measures to those effects.*

*I (or my child, if participant is a minor/ or the person I am the legal guardian of) agree that, by filling out and signing this waiver and agreeing to the terms and conditions set out in it, I am giving up my legal rights to sue (name of CO/ScotDance Canada) and its officers and directors, in the event that I (or my child, if participant is a minor/ or the person I am the legal guardian of), contracts the Covid-19 Coronavirus.*

*This document will remain in effect until (name of CO/ScotDance Canada), as per the direction of the National, Provincial and local Public health and other governmental authorities, determines that the acknowledgments in this declaration are no longer required.*

*This document is in addition to and does not replace all other (name of CO/ScotDance Canada) waivers.*

**I HAVE ACKNOWLEDGED THIS DOCUMENT FREELY AND WITH FULL KNOWLEDGE.**

*Signature required if in person, otherwise acknowledge by email or via online entry form.*

\_\_\_\_\_ *Print name* \_\_\_\_\_ *Date (dd/mm/year)*

\_\_\_\_\_ *Signature*