

Pre-Program Declaration of Health (Participant)

Participant information (please print):

Name (First & Last): _____

Date of Birth (dd/mm/yyyy): _____ Phone: _____

Name of Parent / Guardian confirming Health Declaration: _____

Camp: _____

Pre-Program Screening:

Does the participant, or any member of your household have 1 or more of the following COVID-19 symptoms?
 yes no .

Please circle all that apply:

- | | | |
|-----------------------------------|--------------------------|-----------------------------|
| ● cough (new or persistent) | ● headaches | ● difficulty swallowing |
| ● difficulty breathing | ● chills | ● diarrhea |
| ● fever | ● loss of taste or smell | ● disorientation, confusion |
| ● muscle aches | ● sore throat | ● sleeping more than usual |
| ● dizziness, weakness or fainting | ● running nose | ● nausea, vomiting |

If you answered yes to any of the above, the participant can only attend GNAG Summer Camp once a negative COVID-19 test result has been given and they are symptom-free for 24 hours.

Inflammatory conditions:

Does the participant have 1 or more symptoms of inflammatory disorder? yes no

Please circle all that apply:

- | | |
|-------------------|---|
| ● rash | ● red eyes |
| ● prolonged fever | ● abnormal swelling in the hands or feet that needs medical attention |

If symptoms of inflammatory disorder are present, a doctor's note is required. A COVID-19 test is not required unless recommended by a physician.

Acknowledgements:

- 1) **Initial** _____ Parent/Guardian acknowledges that if the participant travelled outside of Canada within the last 14 days, they will not attend Camp.
- 2) **Initial** _____ Parent/Guardian acknowledges that if the participant has been in close contact with a confirmed or suspected COVID-19 case, the participant will not attend Camp until the participant has been tested negative for COVID-19.

- 3) **Initial**_____ Parent/Guardian acknowledges that if the participant has had close contact with a person with acute respiratory illness in the last 14 days, they will not attend Camp until the participant has been tested negative for COVID-19.
- 4) **Initial**_____ Parent/Guardian acknowledges that if the participant is ill or presenting symptoms of illness (unrelated to COVID-19, such as chicken pox) causing increased respiratory activity, (sneezing, coughing, vomiting, etc) the participant cannot return to Camp until the participant is symptom free for 48 hours or a doctor's note is provided.
- 5) **Initial**_____ Parent/Guardian acknowledges that a Daily Health Screening form must be completed and submitted before attending Camp each day.
- 6) **Initial**_____ Parent/Guardian acknowledges they will report any absences from Camp. Furthermore, they will complete the online Daily Health Screening regardless of whether the child attends the GNAG program.
- 7) **Initial**_____ Parent/Guardian acknowledges that if the participant becomes ill during program with any COVID-19 like symptoms, they must pick the participant up within one hour of being notified and take them to be tested. They can return to Camp once a negative test result has been given and they are symptom-free for 24 hours.
- 8) **Initial**_____ Parent/Guardian acknowledges that a legal guardian must be present when dropping the participant off on the first day of Camp.
- 9) **Initial**_____ Parent/Guardian agrees to read all materials provided to them including but not limited to, GNAG's Parent Handbooks, all forms, welcome letter, and schedules and be familiar with their contents.
- 10) **Initial**_____ Parent/Guardian acknowledges that any changes to their contact information or those they have listed as emergency contacts must be updated on their Amilia profile immediately.
- 11) **Initial**_____ Parent/Guardian acknowledges that while in Camp, the participant must maintain social distancing (2 meters) at all times. This also applies to participants residing within the same household.
- 12) **Initial**_____ Parent/Guardian understands that all drop-off and pick-up areas will be located outdoors and that visitors, including families of program participants, are not permitted into the program & facility.
- 13) **Initial**_____ Parent/Guardian acknowledges that participants must adhere to Ottawa Public Health's physical distancing rules, personal hygiene rules, participant declaration of health rules and GNAG's behaviour guidelines outlined in the GNAG Parent Handbook to ensure the safety of all participants and staff. Failure to adhere to these rules may result in the removal of the participant from the Camp. In such instances, the parent/guardian agrees to pick up the participant within the hour of notification.
- 14) **Initial**_____ Parent/Guardian acknowledges pro-rated refunds may be given with a medical certificate or COVID-19 test (positive or negative) at the discretion of GNAG.

RELEASE OF LIABILITY, WAIVER CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

Initial _____

BY SIGNING THIS CONTRACT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ THIS AGREEMENT CAREFULLY.

TO: The Glebe Neighbourhood Activities Group [hereinafter "GNAG"]

I am the parent/legal guardian having full legal responsibility for the decisions regarding my minor child/ward and I am executing this document on behalf of my minor child/ward, and all of our heirs, executors, administrators, assigns, next of kin, and personal representatives. I understand that this Agreement shall be effective and binding upon our heirs, next of kin, executors, administrators, assigns and representatives, in the event of either of our deaths or incapacity.

Initial _____

ASSUMPTION OF RISKS

I am aware that my minor child's/ward's participation in GNAG summer camp "Camp" may carry with it the potential for death, serious injury, and personal loss to my minor child/ward, to myself, and to our next of kin. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, equipment, vehicular traffic, lack of hydration and acts or omissions of other people including, but not limited to, participants, volunteers and spectators. **Without limiting the generality of the foregoing, and despite GNAG's screening efforts to detect Covid-19 infections, I acknowledge that the reference to risk above includes the contagious nature of COVID-19 and assume the risk that my minor child/ward may be exposed to or infected with COVID-19 by participating in Camp which in turn may be transmitted to myself and to any next of kin.** By participating in Camp, I freely accept and fully assume all inherent risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting therefrom, including without limitation, any injury, death, damage or loss to my minor child/ward, myself and to our next of kin that may arise from any act or omission on the part of GNAG or anyone for whom GNAG is at law responsible, or from dangerous or defective equipment or property owned, maintained or controlled by said persons.

Initial _____

RELEASE OF LIABILITY WAIVER OF CLAIMS & INDEMNITY AGREEMENT

In consideration of allowing my minor child/ward to use of any of its properties, facilities and equipment ("Facilities") and to participate in Camp and for other good and valuable consideration (the receipt and sufficiency of which are hereby acknowledged), I HEREBY AGREE AS FOLLOWS:

1. **TO WAIVE ANY AND ALL CLAIMS that I or my minor child/ward have or may in the future** have against GNAG and its officers, directors, employees, agents and representatives and those for whom it is at law responsible (all of whom are collectively referred to as "Released Parties").
2. **TO RELEASE THE RELEASED PARTIES from any and all liability** for any losses, damages, expenses or injuries, including the death of my minor child/ward, that I, my minor child/ward, or that my next of kin may suffer as a result of my minor child/ward's use of the Facilities or his or her participation in Camp, due to any cause whatsoever, including without limitation, any act or omission, breach of contract or breach of any statutory or other duty of care, including any duty of care owed in accordance with the laws of Ontario on the part of the Released Parties and further including without limitation, any failure on the part of the Released Parties to safeguard or protect myself or my minor child/ward from risks, dangers and hazards associated with my minor child's/ward's use of the Facilities or participation in Camp or any related activities.
3. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASED PARTIES from any and all liability**, defence costs, including legal fees, or from any other costs incurred in connection with claims for bodily injury, wrongful

death or property damage brought by myself, my minor child/ward, even if arising out of the act or omission of GNAG, or anyone for whom GNAG is at law responsible.

- 4. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASED PARTIES from any and all liability** for any property damage or personal injury to any third party, resulting from my minor child's/ward's use of the Facilities or participation in Camp.
- 5. In entering into this Agreement, I am not relying on any oral or written representations or statements made by the Released Parties with respect to the safety of the use of the Facilities or my minor child's/ward's participation in Camp or any related activities.
- 6. **That this Agreement shall be effective and binding** upon my, and my minor child's/ward's heirs, next of kin, executors, administrators and assigns in the event of my, or my minor child's/ward's incapacity or death.
- 7. I further state that my minor child/ward is in proper physical condition to participate in Camp and its related activities and am aware that participation could, in some circumstances, result in physical injury or death.
- 8. **That this Release of Liability, Waiver Claims, Assumption of Risks and Indemnity Agreement shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.**

I HAVE READ THIS AGREEMENT AND HAVE HAD THE FULL OPPORTUNITY TO SEEK INDEPENDENT LEGAL ADVICE WITH RESPECT TO THE EXECUTION OF THIS AGREEMENT. I CERTIFY THAT I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signed this _____ day of _____, 20____

Signature of Parent/Legal Guardian

Signature of Witness

Print name of Parent/Legal Guardian

Print name of Witness

Print name of Minor Child/Ward

OFFICE USE ONLY (Completed by GNAG staff)

Staff Name: _____ Date: _____