

**COVID-19 Assumption of Risk & Permission Form – Public Events and Programs**

**By signing this document, your and your child’s legal rights may be affected**

**Please read carefully!**

**Both parents/guardians (if applicable) must initial and sign this form. Thank you.**

Dr. Bonnie Henry stated on May 16, 2020 that “COVID-19 is new for all of us.” We at the Alouette River Management Society 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 world-wide 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 or events. We have developed COVID-19 policies and procedures, which are available for your review here <https://alouetteriver.org/news/covid-19-protocols>. 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 programs or events. We do not employ health professionals and do not screen for potential illness. It is also vital that no person bring a child to any of our facilities or to any of our programming or events if they are feeling unwell or showing any symptoms of illness. Again, we do not screen for same.

I have read and understood the contents of this document.

Initial here:

Note: For our youth camps and other programs or events, we will, to the best of our ability, encourage physical distancing amongst attendees. We will emphasize hygiene and provide for handwashing or hand sanitizing. However, it is vital that children be permitted to play and although we have modified our activities to be “no-touch” and to encourage physical distancing, we cannot guarantee that no child will not touch or come within a 2 metre distance. All our activities are outdoors.

It is vital that any person who believes that they may become ill or their child may have become ill within 14 days of visiting our facility and/or while taking part in one of our events or programs to report this immediately to us by contacting 604 467 6401 or email arms@alouetteriver.org 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. To attend our facilities and/or take part in our programs or events and/or send a child to same, you must consent to the same.

**If a participant answers yes to any of the below questions, they are asked to stay home and not attend the event or program.** We will also inform participants they will be asked to submit a form answering the screening questions again when they arrive on the day of the activity when they sign in, and as well as verbally. Individuals must go home if they answer yes verbally to any of these questions:

1. Whether they feel ill, including experiencing COVID-19 symptoms such as a sore throat, cough, shortness of breath, fever, chills, headache, muscle aches, loss of taste or smell;
2. Whether they or a member of their family have travelled internationally in the last 14 days;
3. Whether they have been exposed to someone in the last 14 days who has been diagnosed with or is suspected to have COVID-19.

By answering “Yes” to any of these questions by ARMS staff or their designated representatives on the day of each event or program, you and/or your child will not be allowed to participate in that event or program.

Please note: if you or your child is displaying symptoms of respiratory distress or illness, you will be asked not to participate.

Lastly, it is vital that we all be calm and compassionate throughout this pandemic. 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.

If you would like more information regarding the risks associated with COVID-19 for children, please review the following BC CDC publications:

<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-k-12-schools.pdf>

<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-childcare.pdf>

I have read and understood the contents of this document.

Initial here:

|  |  |
| --- | --- |
| I/we have read, understand and agree to the Assumption of Risk and Permission Form. | **Initial Here** |
| I/we have reviewed the Assumption of Risk and Permission Form with my/our child and have instructed our child to listen to and follow the instructions provided by the Alouette River Management Society staff and all other ARMS designated representatives (e.g. event staff, activity leaders, camp counsellors) | **Initial Here** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian/Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian/Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child Attending

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child Attending

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child Attending

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant contact telephone number Participant email address