



COVID-19 Liability Waiver Form

Date _____ Time _____

Name (Last, First name) _____

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the Ontario Government and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Life Rescuer.ca has put in place preventive measures to reduce the spread of the Coronavirus/COVID 19

I further acknowledge that Life Rescuer.ca can not guarantee that I will not become infected by the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/Covid-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, instructor, and other participants in the same class.

I voluntarily seek services provided by Life Rescuer.ca and acknowledge that I am increasing my risk to exposure to the Coronavirus/Covid-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my in-person class.

I attest that:

- 1) I am not experiencing any symptoms of illness such as cough, shortness of breath, or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- 2) I have not traveled internationally within the last 14 days
- 3) I have not traveled to a highly impacted area within Canada in the last 14 days
- 4) I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/Covid-19
- 5) I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by the Ontario Government and Public health authorities.
- 6) I am following all Ontario Government and Public Health guidelines as much as possible and limiting my exposure to the Coronavirus/Covid-19.

I hereby release and agree to hold Life Rescuer.ca harmless from, and waive on behalf of myself, my heirs, and any person representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of Life Rescuer.ca, or that may otherwise arise in any way in connection with any services received from Life Rescuer.ca.

I understand that this release discharges Life Rescuer from any liability or claim that I, my heirs, or any personal representatives may have against Life Rescuer.ca with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection, to, any services received from Life Rescuer.ca. This liability waiver release extends to Life Rescuer.ca, instructors, owners, partners, and employees.

Signature _____



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1. Do you have any of the following **new or worsening** symptoms or signs? *Symptoms should not be chronic or related to other known causes or conditions.*

- | | | |
|---|------------------------------|-----------------------------|
| Fever or chills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty breathing or shortness of breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat, trouble swallowing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Runny nose/stuffy nose or nasal congestion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Decrease or loss of smell or taste | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nausea, vomiting, diarrhea, abdominal pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Not feeling well, extreme tiredness, sore muscles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Have you travelled outside of Canada in the past 14 days?

- Yes No

3. Have you had close contact with a confirmed or probable case of COVID-19?

- Yes No

Signature _____

Temperature: _____