**THIS IS A SAMPLE DOCUMENT**

*“Organization’s name”* COVID-19 RULES AND *“Enter Your Program (ex. daycare, community garden) here”* Declarations

This declaration must be completed prior to visiting *“Organization’s name”*. Failure to do so prior will result in denial of access to the *“Enter Your Program (ex. daycare, community garden) here”*.

The *“organization’s name”* appreciates and expects your cooperation to allow us to re-open the *“Enter Your Program (ex. daycare, community garden) here”*. We are asking that you strictly observe our rules during COVID-19. The *“organization’s name”* is permitting use based on your assurances within this document. Any false statements could result in legal liability towards you. You agree to observe and fully abide by all rules and regulations prescribed by the *“organization’s name”*. You may be asked to leave the premises if you are not following the rules and regulations prescribed by the *“organization’s name”*

The virus can be transmitted by asymptomatic people. The *“organization’s name”* is following government rules and regulations but there can be no assurance that the virus will not be contracted at *“Enter Your Program (ex. daycare, community garden) here”*. Please understand that you are taking part in this program or activity at your own risk.

By completing and submitting this declaration you agree to the statements within:

\* Required

First Name \*

Your answer

Last Name \*

Your answer

Date \*

MM [          ]**/**DD[          ]**/**2020

I hereby declare that I or anyone in my household is not or has not been infected with the COVID-19 virus.

‘Agree Radio Button’

I hereby declare that I or anyone in my household has not experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing). If I or anyone in my household experience any cold or flu-like symptoms after submitting this declaration, I will then not visit the *“organization’s name”* for a minimum period of 14 days after the cold or flu-like symptoms have completely gone away. This remains in effect during the entire COVID-19 pandemic unless communicated otherwise.

‘Agree Radio Button’

I hereby declare that I or any member of my household have not travelled to or had a lay-over in any country outside Canada in the past 14 days. If I or anyone in my household travel to any country outside Canada after submitting this declaration, I will then not visit *“organization’s name”* for a minimum period of 14 days after the date of return to Canada. \* This remains in effect during the entire COVID-19 pandemic unless communicated otherwise.

‘Agree Radio Button’

I have read and understand the *“organization’s name”* COVID-19 rules and accept and waive any right to privileges should I not comply with these rules.

‘Agree Radio Button’

I hereby accept the RISK OF CONTRACTING COVID-19 by choosing to attend or use the *“Enter Your Program (ex. daycare, community garden) here”* at *“organization’s name”*. \*

‘Agree Radio Button’

I hereby release the *“organization’s name”*, its Directors, Officers and Staff from any and all claims that I have or may have in the future for:

a. any loss or damage the I may suffer due to contracting COVID-19, including sickness or death, as a result of attending or using the *“Enter Your Program (ex. daycare, community garden) here”*; and

b. any requests to leave the premises as imposed by the *“organization’s name”* resulting from the breach of my obligations under this “Agreement”. \*

‘Agree Radio Button’

Submit