



COVID-19 Pandemic Risk Acknowledgment, Waiver of Liability, and Indemnity

Please read the acknowledgment below, and initial or sign in all areas indicated.

I understand the novel coronavirus causes the disease known as COVID-19 and that there is currently a pandemic. I understand that the novel coronavirus virus has a long incubation period during which carriers of the virus **may not show symptoms and still be contagious**. For this reason, I understand that the federal and provincial authorities have recommended that persons in Ontario stay home and avoid close contact with other people when at all possible. ➡ _____ (initial)

I understand the federal and provincial authorities have asked individuals to maintain social distancing of a least two (2) meters/six (6) feet and I recognize it is **often not possible to maintain this distance while participating in many of the activities at Gateway Ice Centre**. ➡ _____ (initial)

I understand that participating in sport or engaging in physical exertion/activity will increase breathing rates of all participants, and that it is likely that I will come into contact with either moisture or droplets from the respiration of other visitors or, potentially, with other bodily fluids of participants, and that these are ways that the novel coronavirus can spread. I understand that moist air can linger, potentially for multiple hours, and can transmit the novel coronavirus. ➡ _____ (initial)

I understand that, due to the visits of other patrons, the characteristics of the novel coronavirus, and the nature of the activities at Gateway Ice Centre, **I have an elevated risk of contracting the novel coronavirus simply by being in the Gateway Ice Centre facility**. ➡ _____ (initial)

I confirm that I do **NOT** have any of the following symptoms of COVID-19: fever • new or worsening cough • shortness of breath • difficulty breathing • sore throat • difficulty swallowing • decrease or loss of sense of taste or smell • chills • headaches • unexplained fatigue or muscle aches • nausea/vomiting, diarrhea, abdominal pain • pink eye (conjunctivitis) • runny nose or congestion without other known cause, dizziness, or worsening of any chronic condition. ➡ _____ (initial)

If I received COVID-19 test results in the past three (3) months, the last results I received were negative. If applicable, approximate date of test: _____, 2020. ➡ _____ (initial)

I confirm that I am NOT waiting for the results of a test for COVID-19. ➡ _____ (initial)

I confirm that this is NOT currently a period during which public health authorities require/request I self-isolate. ➡ _____ (initial)

I will immediately notify Gateway Ice Centre if there are any changes to the above information that I have provided including, but not limited to, notification in the event that:

- a) I am diagnosed as having or receive a positive test result for COVID-19/novel coronavirus;
- b) I undergo testing for COVID-19/novel coronavirus and am awaiting the results of such test;
- c) I begin to experience symptoms of COVID-19 (as outlined above);
- d) I enter into a period during which public health authorities require/request I self-isolate;
- e) someone that I live with tests positive for COVID-19.

➡ _____ (initial)



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I verify the information I have provided on this form is truthful and complete. I understand that others are relying on the information I have provided. I knowingly and willingly consent to assume any/all risks associated with contracting the novel coronavirus as a result of my use of the Gateway Ice Centre during the COVID-19 pandemic and specifically waive any right to make any claim, including but not limited to any claim for negligence, as against Gateway Ice Centre, its employees, or management, as a result of any damages or injury I might suffer as the result, whether direct or indirect, of contracting the novel coronavirus and/or COVID-19. I accept the full responsibility and voluntarily assume all risk in using or entering into the Gateway Ice Centre facility. ➡ _____ (initial)

In the event that it is discovered that I have made any misrepresentation herein, or if I fail to immediately notify Gateway Ice Centre of changes to my health and/or COVID-19 test status, I agree to fully indemnify Gateway Ice Centre for any losses that they may incur as a result of such misrepresentation or lack of communication including, but not limited to, loss of rental income/business revenue, legal fees, and additional cleaning/decontamination expenses. ➡ _____ (initial)

SIGNATURE _____

Date _____

Please fill in one of the following –

Name of participant or visitor (please print): _____

OR

Name of parent/guardian signing (if participant is under 18): _____

Name of child participating in on-ice activity (please print): _____

Note: if signing on behalf of a child/minor participant, you are confirming the above statements on their behalf and, by signing this Risk Acknowledgement, Waiver of Liability, and Indemnity, you accept all legal liability and are personally indemnifying Gateway Ice Centre on behalf of and in place of the child/minor participant.