



**Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

In March 2020, the World Health Organization declared a global pandemic of the virus leading to COVID-19. The Governments of Canada and the Province of Ontario responded to the pandemic with legislative amendments, controls, orders, requests of the public and requests and requirements to persons, including the Township of Severn and **YOU**, to change their activities in various ways. In addition, the Office of the Chief Medical Officer of Health for Ontario and the Medical Officer of Health for the Simcoe Muskoka District Health Unit have released recommendations, instructions and public guidance. Please visit: <https://www.ontario.ca/laws/regulation/200364>

Although the Township of Severn has implemented preventative measures to reduce the spread of COVID-19 at its facilities and programs, the Township cannot guarantee that you or your child(ren) will not become infected with COVID-19. As a result, to permit your and/or your child's attendance at our facility and/or participation in our programs,

**PLEASE READ CAREFULLY  
THIS DOCUMENT AFFECTS YOUR FUTURE LEGAL RIGHTS**

I understand that this Assumption of Risk and Waiver of Liability Agreement is in addition to, and is not a substitute for, any other documentation or registration information that I might be required to execute by the Township of Severn in order to attend any Township facility or enroll in any Township programs.

By signing this agreement,

- I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that me and/or my child may be exposed to or infected by COVID-19 by attending a Township facility and/or participating in a Township program and that such exposure or infection may result in personal injury, illness, permanent disability and death.
- I understand that the risk of becoming exposed to, or infected by COVID-19 at a Township facility or program may result from the actions, omissions, or negligence of myself and others, including, but not limited to the Township, including its employees, volunteers, contractors, invitees, guests, as well as other Township program participants and their families.

I VOLUNTARILY AGREE, ON BEHALF OF MYSELF, MY CHILD(REN), ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MYSELF AND/OR MY CHILD(REN) (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY AND DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY AND/OR MY CHILD(REN)'S ATTENDANCE AT THE TOWNSHIP FACILITY OR PROGRAM (hereinafter, "CLAIMS"). ON MY BEHALF, AND ON BEHALF OF MY CHILD(REN), ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE CORPORATION OF THE TOWNSHIP OF SEVERN, ITS ELECTED OFFICIALS, EMPLOYEES, AGENTS AND REPRESENTATIVES (hereinafter, collectively "THE TOWNSHIP"), OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING FROM OR RELATED THERETO.

I understand and agree that this Release includes any Claims based on the actions, omissions, or negligence of the Township, whether a COVID-19 infection occurs before, during, or after my attendance at a Township facility or participation in a program acknowledge that I am signing this agreement freely and voluntarily and intend my signature to be a waiver and complete and unconditional release of all liability due to the actions, omissions or negligence of the Township or, the inherent risks of attending a Township facility or participating in a Township program.

The undersigned acknowledges having been provided with access to the document entitled **Coldwater & District Community Centre Return to Play Covid-19 Facility Guidelines For Ice Users** and agrees to abide by the requirements stated therein.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Child (if applicable) or Position

Group: \_\_\_\_\_