



City of Orillia
COVID-19 Self Screening Waiver

Name: _____

Phone #: _____

Date: _____

Time: _____

Do you have any of the following new or worsening symptoms?

	Please circle Yes/No	
Fever/Chills	Yes	No
Cough	Yes	No
Difficulty Breathing/Shortness of Breath	Yes	No
Sore Throat/Difficulty swallowing	Yes	No
Runny nose (unrelated to seasonal allergies)	Yes	No
Loss of taste or smell	Yes	No
Not feeling well, headache, unexplained tiredness and muscle aches	Yes	No
Nausea, vomiting, diarrhea, abdominal pain	Yes	No

In the **last 14 days**, have you had close physical contact with a person who:

Was sick with a respiratory illness (had a new or worsening cough, fever, or difficulty breathing)?	Yes	No
Has returned from travel outside of Canada in the last 14 days?	Yes	No
Was a confirmed or probable case of COVID-19?	Yes	No

In the **last 14 days**, have you travelled outside of Canada? Yes No

If you answered YES to any of these questions, please remain home and self-isolate.

Visit simcoemuskokahealth.org for more information about getting tested.

If you are feeling unwell, contact your health care provider or call Telehealth Ontario at 1-866-797-0000 to speak to a registered nurse.



City of Orillia
Acknowledgement, Release, Indemnity,
& Assumption of Risk Regarding COVID-19

Over the Age of 18

I, _____ (your name) hereby acknowledge and agree that, in consideration of the participation of **myself and/or my/our child** in any activities ("**Activities**") held within a City of Orillia facility and organized, operated, or sanctioned by a club, organization, association or renter which has booked the facility for use (each an "**Organizer**");

1. I/We acknowledge that the World Health Organization has classified the Coronavirus Disease ("**COVID-19**") outbreak as a global pandemic and am/are aware of the risks of COVID-19. I/We specifically acknowledge and agree that I am/we are aware of the risks to personal health, including by the failure to follow physical distancing protocols, flowing from COVID-19, and that I am/we are assuming, on my own behalf and, if signing on behalf of a participant under 18 years, on their behalf, all health risks and adverse health related consequences caused by or arising from engaging in any Activities (the "**Assumed Risks**").
2. I/We acknowledge that the City of Orillia and/or the Organizers are implementing **Physical Distancing Rules and/or Return to Play Protocols** ("**Protocols**"). I/We specifically acknowledge and agree that I am/we are aware of Protocols, that I/we will abide by the Protocols, and that the Protocols are subject to all federal, provincial and municipal laws, regulations, by-laws and orders as they may exist from time to time.
3. I/we hereby release the City of Orillia and the Organizers, their members, officers, directors, employees, independent contractors, agents, and volunteers ("**Releasees**") from all liability, recourse, proceedings, claims, and causes of action of any kind whatsoever, in respect of all damages, personal injuries, death, or property losses which I/we may suffer arising out of or connected with the Assumed Risks, the content or implementation of the Protocols (including without limitation the conduct of any screening of any individual), and the preparation for, or participation in, the Activities, notwithstanding that any such losses were caused solely or partly by the negligence of any of the Releasees.
4. I/we do hereby agree to indemnify and hold harmless the Releasees from any and all damages or losses of any kind as a result of any and all claims, demands, causes of action of any kind whatsoever including those involving negligence on the part of any of the Releasees that may be made or initiated by, or on behalf of my/our child, arising out of or connected with the Assumed Risks as they relate to me/us and/or my/our child, the content or implementation of the Protocols as they relate to me/us and/or my/our child, and my/our child's preparation for and/or participation in any of the Activities.
5. And, I/we hereby acknowledge and agree:
 1. that I/we understand that none of the Releasees assumes any responsibility whatsoever for my safety or the safety of my/our child during the course of any preparation for or participation in



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the aforesaid Activities;

2. that I/we will comply with the implementation of the Protocols and that any failure on my/our part (or on the part of my/our child) to comply with the Protocols and their implementation may have consequences (including without limitation a withdrawal of permission for me or my/our child to participate in an Activity or Activities) and could jeopardize relevant insurance coverage;
3. that I/we understand that the implementation of the Protocols may involve the collection, use and disclosure of personal information about me or my/our child and I consent to same;
4. that I/we have carefully read this ACKNOWLEDGEMENT, RELEASE, INDEMNITY, AND ASSUMPTION OF RISK that I/we fully understand same, and that I am/we are freely and voluntarily executing same;
5. that I have been given the opportunity and that I am encouraged to seek independent legal advice prior to signing this document;
6. that I understand that the Organizers would not permit me or my/our child to participate in any Activities unless I signed this ACKNOWLEDGEMENT, RELEASE, INDEMNITY, AND ASSUMPTION OF RISK, which applies to all Activities whether occurring in the near or distant future and that the terms of this document need not be brought to my attention each time I participate in Activities in order for it to be effective;
7. that the term Activities as used herein includes, without limiting the generality of that term, training sessions, clinics, and events that are in any way authorized, sanctioned, organized or operated in or by the City of Orillia and/or any of the Organizers on its own or together with another;
8. that this ACKNOWLEDGEMENT, RELEASE, INDEMNITY, AND ASSUMPTION OF RISK agreement is binding on myself, my heirs, my executors, administrators, personal representatives, and assigns.

Applicant's Signature (I am 18 years of age or older)

Date: _____



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Under the Age of 18

I/We, being the parent(s)/legal guardian(s) of (herin "my/our child):

Parent(s)/Legal Guardian(s) name(s): _____

My/Our Child(rens) name(s): _____

hereby acknowledge and agree that, in consideration of the participation of **my/our child** in any activities ("**Activities**") held within a City of Orillia facility and organized, operated, or sanctioned by a club, organization, association or renter which has booked the facility for use (each an "**Organizer**"):

1. I/We acknowledge that the World Health Organization has classified the Coronavirus Disease ("**COVID-19**") outbreak as a global pandemic and am/are aware of the risks of COVID-19. I/We specifically acknowledge and agree that I am/we are aware of the risks to personal health, including by the failure to follow physical distancing protocols, flowing from COVID-19, and that I am/we are assuming, on my own behalf and, if signing on behalf of a participant under 18 years, on their behalf, all health risks and adverse health related consequences caused by or arising from engaging in any Activities (the "**Assumed Risks**").
2. I/We acknowledge that the City of Orillia and/or the Organizers are implementing **Physical Distancing Rules and/or Return to Play Protocols** ("**Protocols**"). I/We specifically acknowledge and agree that I am/we are aware of Protocols, that I/we will abide by the Protocols, and that the Protocols are subject to all federal, provincial and municipal laws, regulations, by-laws and orders as they may exist from time to time.
3. I/we hereby release the City of Orillia and the Organizers, their members, officers, directors, employees, independent contractors, agents, and volunteers ("**Releasees**") from all liability, recourse, proceedings, claims, and causes of action of any kind whatsoever, in respect of all damages, personal injuries, death, or property losses which I/we may suffer arising out of or connected with the Assumed Risks, the content or implementation of the Protocols (including without limitation the conduct of any screening of any individual), and the preparation for, or participation in, the Activities, notwithstanding that any such losses were caused solely or partly by the negligence of any of the Releasees.
4. I/we do hereby agree to indemnify and hold harmless the Releasees from any and all damages or losses of any kind as a result of any and all claims, demands, causes of action of any kind whatsoever including those involving negligence on the part of any of the Releasees that may be made or initiated by, or on behalf of my/our child, arising out of or connected with the Assumed Risks as they relate to me/us and/or my/our child, the content or implementation of the Protocols as they relate to me/us and/or my/our child, and my/our child's preparation for and/or participation in any of the Activities.



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5. And, I/we hereby acknowledge and agree:
1. that I/we understand that none of the Releasees assumes any responsibility whatsoever for my safety or the safety of my/our child during the course of any preparation for or participation in the aforesaid Activities;
 2. that I/we will comply with the implementation of the Protocols and that any failure on my/our part (or on the part of my/our child) to comply with the Protocols and their implementation may have consequences (including without limitation a withdrawal of permission for me or my/our child to participate in an Activity or Activities) and could jeopardize relevant insurance coverage;
 3. that I/we understand that the implementation of the Protocols may involve the collection, use and disclosure of personal information about me or my/our child and I consent to same;
 4. that I/we have carefully read this ACKNOWLEDGEMENT, RELEASE, INDEMNITY, AND ASSUMPTION OF RISK that I/we fully understand same, and that I am/we are freely and voluntarily executing same;
 5. that I have been given the opportunity and that I am encouraged to seek independent legal advice prior to signing this document;
 6. that I understand that the Organizers would not permit me or my/our child to participate in any Activities unless I signed this ACKNOWLEDGEMENT, RELEASE, INDEMNITY, AND ASSUMPTION OF RISK, which applies to all Activities whether occurring in the near or distant future and that the terms of this document need not be brought to my attention each time I participate in Activities in order for it to be effective;
 7. that the term Activities as used herein includes, without limiting the generality of that term, training sessions, clinics, and events that are in any way authorized, sanctioned, organized or operated in or by the City of Orillia and/or any of the Organizers on its own or together with another;
 8. that this ACKNOWLEDGEMENT, RELEASE, INDEMNITY, AND ASSUMPTION OF RISK agreement is binding on myself, my heirs, my executors, administrators, personal representatives, and assigns.

Applicant's Signature (I am 18 years of age or older. If not, Parent(s) or Legal Guardian(s) must also sign below).

Parent's(s) or Legal Guardian's(s) Signature

Date: _____