



## **SUPERIOR FIRST AID AND LIFESAVING COVID-19 PROTOCOLS SELF-ASSESSMENT & WAIVER**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Complete the following questions:

YES    NO

**Are you are feeling unwell with any of the following symptoms?**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Fever, new cough or difficulty breathing (or a combination of these symptoms).   |
| <input type="checkbox"/> | <input type="checkbox"/> | Muscle aches, fatigue, headache, sore throat, runny nose or diarrhea. Symptoms in young children may also be non-specific (for example, lethargy, poor feeding). |

**And have experienced any of the following:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you travelled outside of Canada in the last 14 days?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does someone you are in close contact with have COVID-19 (for example, someone in your household or workplace)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you in close contact with a person who is sick with respiratory symptoms (for example, fever, cough or difficulty breathing) who recently travelled outside of Canada? |

If you answered **YES** to any of these questions, you should self-quarantine yourself for 14 days and get tested for COVID-19 at an Assessment Centre. If you answered **YES** to any of these questions, **you are not permitted** to participate in your Superior First Aid and Lifesaving program.



By signing this agreement, I hereby confirm that I am over the age of 18 or am a parent or guardian or the participant registered in a Superior First Aid and Lifesaving program. I also acknowledge the following:

1. I acknowledge that the World Health Organization has classified the Coronavirus Disease (“COVID-19”) outbreak as a global pandemic and am aware of the risks of COVID-19. I specifically acknowledge and agree that I am aware of the risks to personal health, including by the failure to follow physical distancing protocols, and that I am 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.
2. I acknowledge that the Instructors are implementing the Superior First Aid and Lifesaving COVID-19 Protocols (“Protocols”) the most recent version of which will be posted from time to time on Superior First Aid and Lifesaving’s website. I specifically acknowledge and agree that I am aware of Protocols, that I 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 understand that the risk of becoming exposed to or infected by COVID-19 at Superior First Aid and Lifesaving may result from the actions, omissions, or negligence of myself and others, including, but not limited to, persons representing Superior First Aid and Lifesaving.
4. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (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 participating in Superior First Aid and Lifesaving programs.
5. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Superior First Aid and Lifesaving, its employees, agents, and representatives, of and from the claims, including all liabilities claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Superior First Aid and Lifesaving, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in Superior First Aid and Lifesaving programs.

**Participant Name:**

**Parent/Guardian Name:** (if participant is under 18 years old)

\_\_\_\_\_

\_\_\_\_\_

**Participant Signature:**

**Parent/Guardian Signature:**(if participant is under 18 years old)

\_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_