

**ACKNOWLEDGMENT OF RISK
COVID-19**

The novel coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is known to spread mainly by contact from person to person. Consequently, local, provincial and federal governmental authorities recommend various measures and prohibit a variety of behaviors, in order to reduce the spread of the virus.

- a) Curling Québec and its members, which (*name of club/league*) is part of, commit themselves to comply with the requirements and recommendations of Quebec' Public health and other governmental authorities, and to put in place and adopt all necessary measures to that effect. However, Curling Québec and (*name of club/league*) cannot guarantee that you (or your child, if participant is a minor/ or the person you are the tutor or legal guardian of) will not become infected with COVID-19. Further, attending the Activities could increase your risk of contracting COVID-19, despite all preventative measures put in place.

By signing this document,

- 1) I acknowledge the highly contagious nature of COVID-19 and I voluntarily assume the risk that I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) could be exposed or infected by COVID-19 by participating in Curling Québec or (*name of club/league*)'s activities. Being exposed or infected by COVID-19 may particularly lead to injuries, diseases or other illnesses.
- 2) I declare that I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) am participating voluntarily in Curling Québec or (*name of club/league*)'s activities.
- 3) I declare that I (or my child, if participant is aged 13 and up) have a valid vaccine passport allowing me (or my child aged 13 and up) to participate in activities organized by Curling Québec or (*name of club/league*).
- 4) I declare that neither I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) nor anyone in my household, have experienced cold or flu-like symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, difficulty breathing).
- 5) If I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) experience any cold or flu-like symptoms after submitting this

declaration, I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) will not attend any of Curling Québec or (*name of club/league*)'s activities, programs or services during at least 5 days from the onset of the symptoms if I am (or my child, if participant is a minor) fully vaccinated. I (or my child, if participant is 12 and under) understand that the duration of my absence (or my child's absence, if participant is 12 and under) from the Curling Québec or (*name of club/league*)'s activities, programs or services is 10 days from the onset of the symptoms if I (or my child, if participant is 12 and under) am not fully vaccinated.

This document will remain in effect until Curling Québec or (*name of club/league*), per the direction of the provincial government and provincial health officials, determines that the acknowledgments in this declaration are no longer required.

I HAVE SIGNED THIS DOCUMENT FREELY AND WITH FULL KNOWLEDGE.

Name of participant (print)

Name of parent/tutor/ legal guardian (print)
(if participant is minor or cannot legally give consent)

Signature of participant

Signature of parent/tutor/legal guardian

Place / Date: _____