



PERMISSION TO PARTICIPATE, ASSUMPTION OF RISKS, WAIVER OF LIABILITY & INDEMNIFICATION OBLIGATION

Please read carefully. By signing this document, you will be assuming risks and waiving certain rights.

Permission to Participate:

I, as the participant named below, confirm and provide permission to participate in the City program or activity.
I, as the parent or legal guardian of the participant named above, confirm that this individual is a minor pursuant to the *Age of Majority & Accountability Act*, and provide permission for them to participate in the program or activity.

Assumption of Risks and Waiver of Liability: COVID-19

When participants from multiple families attend a recreation program, there is an increased risk of the COVID-19 virus coming into the facility. Children who are infected with the COVID-19 virus are more likely than adults to have very mild infections or to have no symptoms at all, but these children can still transmit the infection to other children and to adults at the program. This means that children can bring home an infection acquired in a program and put other persons at risk. The program screening process will not detect infected children or adults who do not have symptoms at the time of screening.

- All individuals, including participants, staff, and visitors must be screened daily upon arrival at program setting prior to entry.
- Individuals over 65 years of age are at a higher risk at contracting COVID-19.
- For COVID-19 specifically, anyone who fits any of the **criteria below** will not be allowed into the facility/program and will need to self-isolate for a period of 14 days or as directed below related to management of symptoms:
- Symptoms outlined below, from the Ministry of Health’s ‘COVID-19 Reference Document for Symptoms’:
 1. Fever (temperature of 37.8 degrees C or greater), new or worsening cough, shortness of breath.
 2. Other symptoms – sore throat, difficulty swallowing, new olfactory or taste disorder(s), nausea, vomiting, diarrhea, abdominal pain, runny nose, or nasal congestion (*in absence of underlying reason for these symptoms such as seasonal allergies, postnasal drip, etc.*).
 3. Other signs – clinical or radiological evidence of pneumonia.
 4. Atypical symptoms and signs - unexplained fatigue/malaise/myalgias, delirium (*a serious medical condition that involves confusion, changes to memory, and odd behaviours*), unexplained or increased number of falls, acute functional decline, worsening of chronic conditions, chills, headaches, croup, conjunctivitis, multisystem inflammatory vasculitis in children, unexplained tachycardia (*heart rate over 100 beats per minute*), including age specific tachycardia for children, decrease in blood pressure, unexplained hypoxia (*even if mild i.e. O2 sat <90%*), lethargy and difficulty feeding in infants (*if no other diagnosis*).
 5. Symptoms compatible with COVID-19 and in whom laboratory diagnosis of COVID-19 is inconclusive.
 6. Travelled outside of Canada in the last 14 days.

If participants are displaying one or more symptoms of COVID-19, they will not be permitted into the program/ facility.

I fully understand that the program or activity for which I have enrolled the participant may involve personal risk, dangers, and hazards that all participants are required to assume including but not limited to some risk of illness, or personal injury caused by physical activity or other participants. Understanding this, I hereby accept on behalf of the participant all risks, dangers, and hazards as well as the possibility of illness, personal injury or other loss resulting from the participant’s participation in this program or activity. I agree to release, waive, and discharge the City of Ottawa, as well as its employees, officials, agents, and volunteers, from all liability to me, and to the participant, and to my heirs, executors and administrators, that we have, or may have in the future, for all loss or damage and from any claims or demands for such loss or damage on account of personal illness, injury, and damage including death or property loss, however caused, as a result of the participant’s participation in this program or activity.

Indemnification:

I hereby agree to indemnify and save harmless the City of Ottawa and its employees, officials, agents, and volunteers from any and all liability for any property damage or illness, personal injury to any third party resulting from the participant’s participation in this program or activity.

By signing below, I agree with the terms of the permission to participate, the assumption of risk, the waiver of liability, and the indemnification set out above.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
Participant Printed Name if 16 or 17 years of age	Participant Signature if 16 or 17 years of age	Date