



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

Disclaimer

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, provincial, and local governments and federal and provincial health agencies recommend physical distancing and have, in many locations, prohibited the congregation of groups of people.

The Municipality of Bluewater ("the Municipality") has put in place preventative measures to reduce the spread of COVID-19; however, the Municipality cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Municipality could increase your risk and your child(ren)'s risk of contracting COVID-19.

Wavier

I acknowledge the contagious nature of the COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COIVD-19 by attending municipal programs at facilities.

I understand that the risk of becoming exposed to or infected by COVID-19 at the municipal facilities may result from the actions, omissions, on negligence of myself or others, including but not limited to municipal employees, and program participants.

I acknowledge that many public health authorities are still recommending the practice of social distancing.

I hereby release and agree to hold the Municipality of Bluewater harmless from, and waive on my behalf, my heirs, and any personal representatives any and all causes of actions, claims, demands, damages, costs, expenses, and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the Municipality, or that may otherwise arise in any way in connection with any services received from the Municipality of Bluewater. I understand that this release discharges the Municipality of Bluewater from any liability or claim that I, my heirs, or any personal representatives may have against the Municipality of Bluewater with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services from the Municipality of Bluewater.

I hereby accept and consent to the collection, use, and potential disclosure of personal information regarding measures aimed at preventing and mitigating COVID-19 exposure at the Municipality, including this waiver.

Event: _____

Facility: _____

Name: _____

Phone_____

Signature:_____

COVID-19 Screening Tool for Businesses and Organizations (Screening Patrons)

Name: _____ Date: _____ Time: _____

Required Screening Questions

For individuals who are 18 years of age and older.

1. Do you have any of the following new or worsening symptoms or signs? Symptoms should not be chronic or related to other known causes or conditions.

Choose any/all that are new, worsening, and not related to other known causes or medical conditions

Fever and/or chills Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough or barking cough (croup) Continuous, more than usual, making a whistling noise when breathing, not related to other known causes or conditions (for example, asthma, post-infectious reactive airways, COPD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath Out of breath, unable to breathe deeply, not related to other known causes or conditions (for example, asthma)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Decrease or loss of smell or taste Not related to other known causes or conditions (for example, allergies, neurological disorders)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore Throat Not related to other known causes or conditions (for example, seasonal allergies, acid reflux)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Difficulty swallowing Painful swallowing, not related to other known causes or conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pink eye Conjunctivitis, not related to other known causes or conditions (for example, reoccurring styes)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Runny or stuffy/congested nose Not related to other known causes or conditions (for example, seasonal allergies, being outside in cold weather)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache that's unusual or long lasting Not related to other known causes or conditions (for example, tension-type headaches, chronic migraines)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Digestive issues like nausea/vomiting, diarrhea, stomach pain Not related to other known causes or conditions (for example, irritable bowel syndrome, menstrual cramps)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle aches that are unusual or long lasting Not related to other known causes or conditions (for example, a sudden injury, fibromyalgia)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extreme tiredness that is unusual Fatigue, lack of energy, not related to other known causes or conditions (for example, depression, insomnia, thyroid dysfunction)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Falling down often For older people	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Have you travelled outside of Canada in the last 14 days?

If you are an essential worker who crosses the Canada-US border regularly for work, select “No”.

Yes No

3. In the last 14 days, has a public health unit identified you as a close contact of someone who currently has COVID-19?

Yes No

4. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?

Yes No

5. In the last 14 days, have you received a COVID Alert exposure notification on your cell? If you already went for a test and got a negative result, select “No.”

Yes No

Results of Screening Questions:

- If the patron answered **NO** to all questions from 1 through 5, they can enter the business or organization.
- If the patron answered **YES** to any questions from 1 through 5, they should not enter the business or organization (including any outdoor, or partially outdoor business or facility). They should be advised to go home to self-isolate immediately, and contact their health care provider or Telehealth Ontario (1-866-797-0000) to find out if they need a COVID-19 test.
- If any of the answers to these screening questions change during the day, this screening result is no longer valid, and the patron may need to screen again, wherever necessary.