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**RECOGNITION OF RISK AND DISCLAIMER OF LIABILITY**

**CONCERNING CORONAVIRUS (COVID-19)**

The new coronavirus, COVID-19, has been declared a global pandemic by the World Health Organization (WHO). COVID-19 is extremely contagious and is believed to be spread primarily through person-to-person contact. Therefore, government authorities, both local, provincial, and federal, are recommending various measures and prohibiting various behaviors, all with the aim of reducing the spread of the virus**.**

Patinage Québec and its members, of which the Cowansville CPA is a member, undertake to comply with all the requirements and recommendations of the Québec Public Health and other government authorities, and to put in place and adopt all the measures necessary for this. effect. However, Patinage Québec and the Cowansville CPA cannot guarantee that you (or your child, if the participant is a minor / or the person for whom you are the guardian or legal guardian) will not be infected by COVID-19. In addition, your participation in activities could increase your risk of contracting COVID-19, despite all the measures in place.

By signing this document:

1) I recognize the highly contagious nature of COVID-19 and I voluntarily assume the risk that I (or my child, if the participant is a minor / or the person for whom I am the guardian or legal guardian) may be exposed or infected by COVID-19 by my (his) participation in the activities of Patinage Québec and the Cowansville CPA. Exposure or infection to COVID-19 can lead to injury, illness, or other ailments, among other things.

2) I declare that my participation (or that of my child, if the participant is a minor / or the person for whom I am the guardian or legal guardian) in the activities of Patinage Québec and the Cowansville CPA is voluntary and that this decision to participate to the activities for the 2020-2021 season was taken freely and with full knowledge of the facts.

3) I declare that neither I (or my child, if the participant is a minor / or the person for whom I am the guardian or legal guardian), nor anyone living under my roof, has shown symptoms of cold or flu ( including fever, cough, sore throat, respiratory disease or difficulty breathing) within the last 14 days.

4) If I (or my child, if the participant is a minor / or the person for whom I am the guardian or legal guardian), experience symptoms of cold or flu accompanied by fever after signing this declaration, I (or my child if the participant is a minor / or the person for whom I am the guardian or legal guardian) undertake not to appear or participate in the activities of Patinage Québec and the Cowansville CPA for at least 14 days after the last manifestation of cold or flu symptoms. I (or my child, if the participant is a minor / or the person for whom I am the guardian or legal guardian) acknowledge that the members of the Cowansville CPA may require me not to attend or participate in the activities if they are aware of either of these symptoms.

5) I declare that neither I (or my child, if the participant is a minor / or the person for whom I am the guardian or legal guardian), nor anyone living under my roof, has traveled or made a stopover outside Canada in the last 14 days. If I (or my child if the participant is a minor / or the person for whom I am the guardian or legal guardian) travel outside of Canada after signing this declaration, I (or my child if the participant is a minor / or the person for whom I am the guardian or legal guardian) undertake not to attend or participate in the activities of Patinage Québec and the Cowansville CPA for at least 14 days after the date of return from my trip.

6) I (or my child, if the participant is a minor / or the person for whom I am the guardian or legal guardian) acknowledge that the registration fees for the 2020-2021 activities will be non-refundable, regardless of the reason for preventing a member from skating.

7) Finally, I (or my child, if the participant is a minor / or the person for whom I am the guardian or legal guardian) voluntarily accept all the aforementioned risks and accept sole responsibility for any consequences on my health of any nature that I could experience or incur in relation to my presence at the Cowansville CPA or my participation in the activities of the Cowansville CPA. I therefore undertake not to prosecute the Cowansville CPA, the members of its board of directors, volunteers, employees, and representatives of the club, and I discharge and hold harmless the Cowansville CPA, the members of its board. administration, volunteers, employees and representatives of the club, from any claim, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I (or my child, if the participant is a minor / or the person for whom I am the guardian or legal guardian) understand and accept that this exemption includes any claim based on the actions, omissions or negligence of the Cowansville CPA, the members of its board of directors, volunteers, employees and representatives, if a COVID-19 infection occurs before, during or after participation in the activities of the Cowansville CPA.

The commitments made under this document will remain in effect until Patinage Québec and the Cowansville CPA receive the directives from the provincial government authorities and from Quebec Public Health, to the effect that the commitments contained in this declaration are no longer needed.

I HAVE SIGNED THIS DECLARATION FREELY AND KNOWINGLY; ACKNOWLEDGING THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS.

SIGNED AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2020.

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Name of participant (block letters) Name of parent / guardian / legal guardian

(if the participant is a minor or cannot

legally agree)

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Signature of participant Signature of parent / guardian / legal guardian

Name of committee member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_