



# RA Canoe Camping Club – ADULT (18 years & older) Guest Registration

## Acknowledgement, Assumption of Risks, Waiver and Release of Claims – Coronavirus (COVID-19)

Last Name\*: \_\_\_\_\_ First Name\*: \_\_\_\_\_ Gender: M\_\_\_/F\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_

Guest of\*: \_\_\_\_\_

(RACCC member)

Activity \_\_\_\_\_ Location: \_\_\_\_\_ Date(s) \_\_\_\_\_

**Guest fee:** Evening / Day - \$5.00 Weekend - \$10.00 Beyond a weekend – requires membership **Amount Paid:** \_\_\_\_\_

The RA Canoe Camping Club (RACCC) is a Social/Recreational Club operating as a self-directed adult Club as part of the Recreation Association of the Public Service of Canada (RA). As a guest, I will contribute my best efforts to the safety and enjoyment of this RACCC Activity.

All RACCC Members and guests must submit a completed Acknowledgement, Assumption of Risks, Waiver and Release of Claims – Coronavirus (COVID-19) form prior to undertaking the activity. PLEASE READ CAREFULLY. By agreeing to these terms you will waive certain legal rights, including the right to sue or claim compensation.

### CLIENT ACKNOWLEDGEMENT

The safety and wellbeing of our RA Community has and continues to be our top priority. In order to provide our members, guests, partners, volunteers and staff with a safe, effective and enjoyable environment, while at the same time doing our best to prevent the spread of COVID-19, we request your understanding and cooperation by reading and signing the following ASSUMPTION OF RISK AND INFORMED CONSENT AGREEMENT and RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT.

### GENERAL PROTOCOLS – RE: COVID-19

- Anyone showing signs and symptoms of COVID-19 (or COVID-19 like symptoms) MUST stay home.
- Anyone who begins exhibiting or feeling signs and symptoms of COVID-19 (or COVID-19 like symptoms) must cease their participation immediately and remove themselves from the group. In addition, if an activity leader considers that a participant may be exhibiting symptoms of COVID-19 (or COVID-19 like symptoms), the activity leader may require that the person considered to exhibit these symptoms cease to participate in the activity and remove themselves from the group.
- Anyone who receives a COVID-19 diagnosis, and has participated in activities, clubs and programs at the RA within the previous 14 days notify the RA. The RA can then notify the other participants in an anonymous capacity.
- While on site at the RA or participating in activities, clubs or programs, you are responsible to adhere to Ottawa Public Health’s (OPH) guidelines of six (6) feet physical distancing between yourself and others – OPH recommends that you wear a non-medical mask (ie. cloth mask) when keeping your distance is difficult.
- Wash your hands often with soap and water, or use alcohol-based hand sanitizer.
- Avoid touching your eyes, nose, and mouth unless you have just washed your hands.
- Cover your cough and sneeze with a tissue or into your arm, not your hand.

As the RA Centre (building) is currently closed, we suggest you come dressed to play and bring your drinking water as there are no changerooms, washrooms or water fill-up stations available.

### ASSUMPTION OF RISK AND INFORMED CONSENT AGREEMENT

I hereby acknowledge that:

- It is understood that privileges may be revoked in the event that my conduct is not in keeping with the RA’s standards.
- I am aware and agree to comply with the RA Members’ Code of Ethics (click to view), the General Protocols – RE: COVID-19 (as outlined above) and the specific “Return to Play” protocols and guidelines (click to view) that pertain

to my involvement with the RA (including all COVID-19 related protocols and public health authorities' recommendations contained therein).

- I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may spread COVID-19, be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, infection, illness, permanent disability, and death. I further understand that the risk of spreading COVID-19, becoming exposed to or infected by COVID-19 during participation in activities, clubs and programs at the RA, whether held at RA facilities or at any other location, may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the active or passive negligence (such as the failure to adequately clean and disinfect surfaces, adequately inform and educate participants re: COVID-19 protocols, adequately ventilate areas, adequately screen participants) of the RA, or their directors, officers, employees, servants or agents and program participants and their families.
- I agree and accept responsibility to adhere to Ottawa Public Health's (OPH) recommendations (click to view) including, but not limited to staying home when showing signs and symptoms of COVID-19 (or COVID-19 like symptoms), self-isolating when required, limiting the number of people I come in contact with and practising physical distancing by maintaining six (6) feet physical distancing between myself and others and wearing a non-medical mask (ie. cloth mask) when keeping my distance is difficult.
- I agree and accept responsibility to ensure I have the proper/certified equipment required for the activity.
- I further understand that the RA will collect health and other personal information from me with the intent to fulfill their obligation to me. I agree with the RA's practice of keeping my personal information confidential and subject only to legal requirements to disclose or legal exceptions (emergency). I accept that the RA will use this information to improve the services that I receive. I also appreciate that the RA will not disclose, divulge or otherwise communicate to any person or business any such confidential information without my written consent to do so.

#### RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

- I do hereby agree for myself, heirs, executors, administrators and assigns do release and forever discharge the RA, or their directors, officers, employees, servants or agents (including trip/activity leaders) and all other program participants of any and all claims, demands, damages, costs, expenses, actions or causes of action whether in law or equity in respect of death, injury, infection, illness, permanent disability, loss or damage to person or property however caused, including but not limited to negligence (such as the failure to adequately clean and disinfect surfaces, adequately inform and educate participants re: COVID-19 protocols, adequately ventilate areas, adequately screen participants) arising or to arise out of my participation in such activities, clubs and programs at the RA, whether held at RA facilities or at any other location.
- In addition, I do hereby agree to hold harmless and indemnify the RA, or their directors, officers, employees, servants or agents (including trip/activity leaders) and all other program participants from any and all claims or liability for any damage to property of, or personal injury to, any third party, due to or associated with COVID-19 or any other contagious or infectious illness, resulting from RA activities and programs of any kind whether held at RA facilities or at any other location.

Please note: All fields marked with an \* are required.

By signing this form I declare that I have read, understood and that I agree to the contents of this ASSUMPTION OF RISK AND INFORMED CONSENT AGREEMENT and RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT in its entirety. \*

Guest Signature\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Staff: \_\_\_\_\_ entered: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understood the following protocols, guidelines and recommendations: the General Protocols – RE: COVID-19, the specific RACCC "Return to Play" protocols and guidelines, and the Ottawa Public Health's (OPH) recommendations as outlined in points 2 and 4 of the Assumption of Risk and Informed Consent Agreement section above. \*

Guest Signature\*: \_\_\_\_\_ Date\*: \_\_\_\_\_