

Willow Ridge Community Association

COVID-19 Rules and User Declarations

This declaration must be completed prior to visiting the Willow Ridge Community Association (WRCA) facilities. Failure to do so prior will result in denial of access to the premises.

The WRCA appreciates your cooperation to allow us to re-open our building to renters. We are asking that you strictly observe our rules during COVID-19. The WRCA is permitting use based on your assurances within this document. Any false statements could result in legal liability towards you. You agree to observe and fully abide by all rules and regulations prescribed by the WRCA. You may be asked to leave the premises if you are not following the rules and regulations prescribed by the WRCA.

The virus can be transmitted by asymptomatic people. The WRCA is following government rules and regulations but there can be no assurance that the virus will not be contracted at our facilities. Please understand that you are taking part in this program or activity at your own risk.

By completing and submitting this declaration you agree to the statements within:

(* denotes a required field. Information is used only for COVID-19 purposes and for potential contract tracing)

Full Name * _____

Legal Address * _____

Phone * _____

Email * _____

I hereby declare that I or anyone in my household is not infected with the COVID-19 virus.

Agree _____ *(Initial)*

I hereby declare that if I or anyone in my household has been infected with the COVID-19 virus I will attach proof of two tests affirming that the virus has been eradicated.

Agree _____ *(Initial)*

I hereby declare that I or anyone in my household has not experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing). If I or anyone in my household experience any cold or flu-like symptoms after submitting this declaration, I will then not visit the WRCA's facilities for a minimum

period of 14 days after the cold or flu-like symptoms have completely gone away. This remains in effect during the entire COVID-19 pandemic unless communicated otherwise.

Agree _____ (*Initial*)

I hereby declare that I or any member of my household have not travelled to or had a lay-over in any country outside Canada in the past 14 days. If I or anyone in my household travel to any country outside Canada after submitting this declaration, I will then not visit the WRCA facilities for a minimum period of 14 days after the date of return to Canada. This remains in effect during the entire COVID-19 pandemic unless communicated otherwise.

Agree _____ (*Initial*)

I have read and understand the WRCA COVID-19 rules and accept and waive any right to privileges should I not comply with these rules.

Agree _____ (*Initial*)

I hereby accept the RISK OF CONTRACTING COVID-19 by choosing to attend or use the WRCA facilities located at 680 Acadia Dr SE.

Agree _____ (*Initial*)

I hereby release the WRCA its Directors, Officers, and Staff from any and all claims that I have or may have in the future for:

- a. any loss or damage that I may suffer due to contracting COVID-19, including sickness or death, as a result of attending or using the WRCA facilities and;
- b. any requests to leave the premises as imposed by the WRCA resulting from the breach of my obligations under this "Agreement".

Agree _____ (*Signature*)

Date * _____