**COVID-19 EVENT WAIVER**

***ALTHOUGH THIS WAIVER IS REQUIRED TO PARTICIPATE IN THIS EVENT, BY SIGNING THIS FORM YOU MAY BE WAIVING CERTAIN LEGAL RIGHTS FOR YOU/OR YOUR DEPENDANTS***

***We are committed to providing a safe environment during the FASD AWARENESS WALK and will be following public health protocols to ensure that any risks associated with COVID-19 are minimized at the FASD AWARENESS WALK. The specific measures that we are putting in place in, partnership with the City of Ottawa and Public Health Ontario, will be communicated to all attendees prior to the event. These may include providing hand sanitizer, setting up sanitation stations, spacing attendees, onsite health checks, physical distancing, and posting hygiene tips/reminders.***

***\*Please read each statement carefully and check-off each statement as confirmation of your review and understanding\****

\_\_I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I (and any minors in my care) may be exposed to or infected by COVID-19 by attending the **FASD AWARENESS WALK**, and that such exposure or infection may result in personal illness, injury, permanent disability, or death.

\_\_I understand that if I am 60 years of age or older, or if I am immunocompromised due to medication or an existing health condition or disease, I may be more susceptible to death or serious illness from COVID-19 and am taking increased measures to avoid infection, including wearing a face mask, social distancing or participating in online events.

\_\_I understand that the risk of becoming exposed to or infected by COVID-19 at the **FASD AWARENESS WALK** may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ABLE2: Support for People with Disabilities employees and volunteers and event participants and their families.

 \_\_I agree that I (and any minors in my care) must not participate in the **FASD AWARENESS WALK** if we have tested positive for COVID-19, if we are living in a household with others who have tested positive and therefore should be self-isolating, if we have travelled outside of Canada within the past 14 days, if our body temperature is above 38 degrees Celsius/100 degrees Fahrenheit, or if we are exhibiting any signs or symptoms of an infectious disease, including but not limited to, new onset or worsening cough, shortness of breath, difficulty breathing, sore throat, hoarse voice, difficulty swallowing, loss of taste or smell, runny nose/sneezing, nasal congestion, chills, muscle aches, diarrhea, malaise, or headache.

\_\_I agree that while participating in the **FASD AWARENESS WALK** I (and any minors in my care) shall abide by all rules and recommendations posted in signs at the event and otherwise communicated to me in writing or verbally by ABLE2: Support for People with Disabilities, its directors, officers, employees and volunteers, to protect my health and safety, including minors in my care.

\_\_I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any illness or injury to myself (and any minors in my care), including, but not limited to, personal injury, disability, death, damage, loss, claim, liability, or expense, of any kind (including the transmission or contraction of COVID-19 or other transmissible diseases), that I (and any minors in my care) may experience or incur in connection with my (and any minors in my care) participation in the **FASD AWARENESS WALK**.

\_\_On my behalf (and on behalf of any minors in my care), I hereby release, covenant not to sue, discharge, and hold harmless ABLE2: Support for People with Disabilities, its officers and directors, members, employees, volunteers, agents and representatives, of all liabilities, claims, actions, damages, costs or expenses of any kind (including related to COVID-19) arising out of or relating to my (and any minors in my care) participation in the **FASD AWARENESS WALK.**

\_\_I understand and agree that this release includes any all liabilities, claims, actions, damages, costs or expenses of any kind (including related to COVID-19) based on the actions, omissions, or negligence of, ABLE2: Support for People with Disabilities, its directors or officers, employees, volunteers, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in the **FASD AWARENESS WALK.**

***\*By checking each statement above, you are agreeing to assume the risks associated with your attendance at the FASD AWARENESS WALK. Additionally, you also agree to refrain from attending the F*ASD AWARENESS WALK *if you are experiencing any symptoms in the days leading up to the event or if you have recently travelled to areas, domestically or internationally, designated as high risk.******\****

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| ***PRINTED NAME (ADULT 1)*** | ***SIGNATURE (ADULT 1)*** | ***DATE*** |
|  |  |  |
| ***PRINTED NAME (ADULT 2)*** | ***SIGNATURE (ADULT 2)*** | ***DATE*** |
|  |  |  |
| ***PRINTED NAME (ADULT 3)*** | ***SIGNATURE (ADULT 3)*** | ***DATE*** |
|  |  |  |
| ***PRINTED NAME (ADULT 4)*** | ***SIGNATURE (ADULT 4)*** | ***DATE*** |
|  |  |  |
| ***PRINTED NAME (ADULT 5)*** | ***SIGNATURE (ADULT 5)*** | ***DATE*** |
|  |  |  |
| ***NAMES AND AGES OF MINOR CHILDREN IN MY CARE AT THIS EVENT:*** |  | |