

DVSA ADULT PROGRAMS – COVID-19 RELEASE OF LIABILITY

(updated November 2020)

RELEASE OF LIABILITY, WAIVER OF ALL POSSIBLE CLAIMS AND ASSUMPTION OF RISK

("Release Agreement")

BY SIGNING OR ACKNOWLEDGING THAT YOU HAVE READ THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS ON BEHALF OF YOURSELF.

THIS MEANS YOU WILL GIVE UP THE RIGHT TO SUE OR CLAIM ANY COMPENSATION FOR NEGLIGENCE, BREACH OF CONTRACT OR FOR ANY OTHER REASON.

PLEASE READ THIS CAREFULLY!

Due to the COVID-19 pandemic, we are taking extra precautions with the intake of each person attending Dundas Valley School of Art. Please read this waiver carefully and contact a representative at the DVSA if you have questions or concerns before signing.

Symptoms of COVID-19 may include and are not limited to:

- Fever and/or chills;
- Cough or barking cough (croup);
- Shortness of breath;
- Decrease or loss of smell or taste;
- Sore throat or difficulty swallowing;
- Runny or stuffy/congested nose;
- Headache that is unusual or long lasting;
- Nausea, vomiting and/or diarrhea; and
- Extreme tiredness that is unusual or muscle aches.

*Dundas Valley School of Art employs a COVID-19 Screening tool based on the Ministry of Health's Screening tool for students and children in school and child care. A modified version of the Screening tool is attached as "Appendix A".

BY SIGNING OR OTHERWISE ACKNOWLEDGING THE APPLICABILITY OF THE TERMS OF THIS WAIVER ONLINE, I CONFIRM THAT I WILL REVIEW THE SCREENING TOOL ATTACHED AS "APPENDIX A" AND I WILL SELF ASSESS PRIOR TO EACH ATTENDANCE AT DUNDAS VALLEY SCHOOL OF ART.

DATE: _____

NAME: _____

- I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the Federal, Provincial and municipal governments and many other public health authorities recommend wearing masks and practicing social distancing.

- I further acknowledge that Dundas Valley School of Art has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19 including monitoring for symptoms upon entry, supplying hand sanitizer, providing social distancing measures, and wearing masks.
- I further acknowledge that Dundas Valley School of Art cannot guarantee that I will not become infected with Coronavirus/COVID-19 or any other communicable disease or illness. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 or any other communicable disease or illness may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff and teachers at Dundas Valley School of Art, and their families.
- I voluntarily attend Dundas Valley School of Art and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19 and other communicable diseases or illnesses. In particular, I acknowledge that I must comply with all set procedures to reduce the spread of Coronavirus/COVID-19 while attending my classes and while on Dundas Valley School of Art premises.

I confirm that, when I attend Dundas Valley School of Art:

- I will not be experiencing any symptom of illness such as fever and/or chills; cough or barking cough (croup); shortness of breath; decrease or loss of smell or taste; sore throat or difficulty swallowing; runny or stuffy/congested nose; headache that is unusual or long lasting; nausea, vomiting and/or diarrhea; and extreme tiredness that is unusual or muscle aches.
- I will not have travelled internationally within the last 14 days.
- I will not have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19 in the last 14 days.
- I will not have been tested for Coronavirus/COVID-19 and am awaiting my results.
- I will not have been diagnosed with Coronavirus/COVID-19 and not yet cleared as non- contagious by my doctor or the local public health authorities.
- I will have been following guidelines set out by the Provincial and local public health authorities as much as possible, and will have attempted to limit my exposure to the Coronavirus/COVID-19.

I acknowledge and accept that there is a risk that I could be exposed to Coronavirus/COVID-19 while attending at Dundas Valley School of Art. I also

acknowledge and accept that while at Dundas Valley School of Art, others may need to be closer than the recommended social distancing guidelines. I acknowledge and confirm that I am willing to accept this risk as a condition of my attendance.

In consideration of my attendance Dundas Valley School of Art, I agree to release Dundas Valley School of Art and its employees, agents, contractors, volunteers, teachers/instructors, staff, officers, and Governors (the “Releasees”) from any and all causes of action, claims, demands, requests, damages or any recourse whatsoever in respect of any personal injuries or other damages which may occur or arise as a result of exposure to Coronavirus/COVID-19 during my attendance to Dundas Valley School of Art.

I do hereby acknowledge and agree that notwithstanding the generality of the foregoing, I declare that **I will not commence litigation or otherwise seek to recover damages or other compensation against the Releasees based on any action, claim, demand, request, loss or any recourse whatsoever arising from any potential or actual exposure to Coronavirus/COVID-19** while attending at Dundas Valley School of Art. I further acknowledge that the Releasees can rely on this Release of Liability, Waiver of all Possible Claims and Assumption of Risk as a complete defence to any and all claims, damages, causes of action, or recourse or liability that may arise at any time.

I CONFIRM THAT I HAVE CAREFULLY REVIEWED THIS RELEASE OF LIABILITY, WAIVER OF ALL POSSIBLE CLAIMS AND ASSUMPTION OF RISK AND ACKNOWLEDGE THAT I FULLY UNDERSTAND THE TERMS AS SET OUT ABOVE. I ACKNOWLEDGE THAT I AM SIGNING THIS RELEASE OF LIABILITY, WAIVER OF ALL POSSIBLE CLAIMS AND ASSUMPTION OF RISK VOLUNTARILY.

DATE _____

WITNESS SIGNATURE

PRINTED NAME OF WITNESS

STUDENT SIGNATURE

PRINTED NAME OF STUDENT

APPENDIX A



COVID-19 SCREENING TOOL FOR STUDENTS AND STAFF

A.

1. Are you or your child currently experiencing any of these symptoms:
 - Fever and/or chills
 - Cough or barking cough (croup)
 - Shortness of breath
 - Decrease or loss of smell or taste
2. Have you or your child travelled outside of Canada in the last 14 days?
3. In the last 14 days, has a public health unit identified you or your child as a close contact of someone who currently has COVID-19?
4. Has a doctor, health care provider, or public health unit told you that you or your child should currently be isolating (staying at home)?
5. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?

If the answer to any of these questions is YES, DO NOT ATTEND DVSA.

- Isolate at home.
 - Contact the school to let us know of your status.
 - Talk with a doctor/health care provider to get advice or an assessment, including if a COVID-19 test is needed.
-

B.

Are you or your child currently experiencing any of these symptoms?

- Sore throat or difficulty swallowing
- Runny or stuffy/congested nose
- Headache that's unusual or long lasting
- Nausea, vomiting and/or diarrhea
- Extreme tiredness that is unusual or muscle aches

If the answer to any of these questions is YES, DO NOT ATTEND DVSA.

- Isolate for 24 hours and see if the symptoms persist.
- After 24 hours if symptom(s) are improving, you can attend DVSA.
- After 24 hours if symptom(s) are NOT improving, **do not attend DVSA.** Talk with a doctor/health care provider to get advice or an assessment, including if a COVID-19 test is needed.