



# Public's COVID-19 Pool and Splash Pad Admittance Form

One form must be completed for every individual (the "Participant") attending the pool and splash pad facilities daily.

Name of the Participant requesting access to the facilities: \_\_\_\_\_

Name of Guardian preparing this form for a Participant under 18 years of age: \_\_\_\_\_

Facility visited:  Pool  Splash Pad Date: \_\_\_\_\_ Time \_\_\_\_\_

What is the Participants highest level of swimming lessons? \_\_\_\_\_

Has the Participant ever been diagnosed with the Coronavirus COVID-19 and not yet been cleared as non-contagious?

- Yes  No

Is the Participant experiencing any of the COVID-19 symptoms which may include some or all of the following?

- severe difficulty breathing (for example, struggling for each breath, speaking in single words)
- severe chest pain
- confusion (for example, unsure of where you are)
- lost consciousness
- fever/chills
- new cough
- shortness of breath (even when you're not active)

- Yes  No

Is the Participant experiencing 2 or more of the following symptoms?

- muscle aches
- fatigue
- headache
- sore throat
- runny nose

- Yes  No

Has anyone that the Participant is in close contact with tested positive for COVID-19? For example, someone in the Participants household or someone the Participant visits regularly

- Yes  No

Is the Participant in close contact with a person who has respiratory symptoms or who recently travelled outside of Canada, or to an area which is still in Stage One recovery? Respiratory symptoms can include fever, cough or difficulty breathing.

- Yes  No

This information is collected in accordance with the Municipal Freedom of information and Privacy Act and the Protection of Health Information Protection Act for the purpose of maintaining a safe environment for our employees and the public and will not be used for any other purpose; this may include sharing the information with Public Health Authorities.



## **Public's COVID-19 Pool and Splash Pad Admittance Form**

### **Assumption of Risk and Waiver of Liability**

I acknowledge that:

- the contagious nature of the Coronavirus/COVID-19 and that public health authorities recommend practicing physical distancing.
- The Town of Smooth Rock Falls has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.
- the Town of Smooth Rock Falls cannot guarantee that individuals attending our facilities will not be exposed to the Coronavirus/Covid-19 and I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including Town employees.
- I am voluntarily assuming the risks associated with attending or allowing a minor Participant under my care and control to attend the Pool/Splash Pad Facilities and acknowledge and accept that such activity will increase my and/or the Participants risk to exposure to the Coronavirus/COVID-19.
- I acknowledge that I and the Participant must comply with all rules and procedures set out by the Corporation of the of Town of Smooth Rock Falls to reduce the spread of COVID-19 while attending the facilities.
- I am responsible for ensuring that physical distancing is maintained as per the guidelines set in place by the public health authorities, and, if I am a guardian of a minor Participant, must follow the guidelines outlined in the Smooth Rock Falls Public Pool Admission Policy and attend the facilities with the minor Participant when required and will be responsible to ensure that the minor Participant maintains social distancing.
- I will make every effort to ensure that our participation will not increase risk of COVID-19 contamination of any other patron or staff.

On behalf of myself, my personal representatives, and my heirs, and on behalf of any minor Participants under my care and control, I hereby release, and hold harmless the Corporation of the Town of Smooth Rock Falls and its employees from any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and the minor Participants person and/or property that may be caused by any act, or failure to act of the Corporation of the Town of Smooth Rock Falls, or that may otherwise arise in connection with my or the minor Participants attendance at the pool and splash pad facilities and or any services received from the Corporation Town of Smooth Rock Falls, its employees, contractors, agents or officials. I understand that this release discharges the Corporation of the Town of Smooth Rock Falls from any liability or claim that I and any minor Participants, our heirs, or any personal representatives thereof may have against the Corporation of the Town of Smooth Rock Falls with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to attending the pool and splash pad facilities.

I confirm that the information provided in the form is, to the best of my knowledge, accurate and that any false statement may result in my removal, and any minor Participant for whom I am responsible' s removal from the aforementioned facilities and possibly being prohibited from attending such facilities for an indeterminate period.

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

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