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## Youth Waiver

### Peace Hills Youth for Christ INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT

WARNING! By signing this document, you will assume certain risk and responsibilities.

**Individuals Name:** \_\_\_\_\_

I acknowledge the contagious nature of COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Peace Hills Youth for Christ has put in place preventative measures to reduce the spread of COVID-19.

I further acknowledge that Peace Hills Youth for Christ can not guarantee that I will not become infected with COVID-19. I understand that the risk of becoming exposed to and/or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to staff, and other program participants and their families.

I voluntarily attend programs provided by Peace Hills Youth for Christ and acknowledge that I am increasing my risk to exposure to COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while engaging in activities.

I attest that:

- \* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- \* I have not traveled internationally within the last 14 days.
- \* I do not believe I have been exposed to someone with a suspected and/or confirmed case of COVID-19.
- \* I have not been diagnosed with Covid-19 and not yet cleared as non contagious by local public health authorities.
- \* I am following all recommended guidelines as much as possible and limiting my exposure to the COVID-19.

I hereby release and agree to hold Peace Hills Youth for Christ harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act, or that may otherwise arise in any way in connection with Peace Hills Youth for Christ. I understand that this release discharges Peace Hills Youth for Christ from any liability or claim that I, my heirs, or any personal representatives may have against the salon with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to Peace Hills Youth for Christ. This liability waiver and release extends to the organization together with all owners, partners, and employees.

**Signature of Individual:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_